

**THE HEALTH OF RECENT IMMIGRANTS
TO THE LOWER HUDSON VALLEY AND THE
CHALLENGES FACED BY THOSE WHO
SERVE THEM**

The Health of Recent Immigrants to the Lower Hudson Valley and the Challenges Faced by Those Who Serve Them

Summary Report

Developing a Strategic Plan for Meeting the Health Care
Needs of the Growing Immigrant Population in the Lower
Hudson Valley

A Project of the School of Public Health, New York Medical College
in Collaboration with the Seven County Health Officers
of the Lower Hudson Valley

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Dedication

*In memory of Sheila Smythe, first Dean of the
School of Public Health at New York Medical College,
Whose vision and commitment to the underserved
Made this project possible*

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EXECUTIVE SUMMARY

I. INTRODUCTION

This project addresses the challenges faced by New York State's Lower Hudson Valley (LHV) healthcare system in meeting the health needs of its growing immigrant population. Both the nation and the region are experiencing one of the largest waves of immigration in their histories. In contrast to earlier migration patterns, recent immigrants have been settling in parts of the US not previously known as locations of immigrant settlement. They are settling in suburban and rural areas, like the LHV, which had previously had a very homogeneous population (Salvo, 2004).

This changing demographic makeup of the LHV has raised issues of concern among healthcare providers, policymakers and those who work with immigrant populations in local communities. The purpose of this project was to understand the health issues and barriers facing recent immigrants to the LHV and the challenges faced by the health providers who serve them.

Through a collaboration with the New York City Department of City Planning (NYCDCP), a socio-demographic profile of the major immigrant groups of each zip code in the LHV was developed. Zip codes with the greatest concentrations of immigrants (N=21) were identified, and from these a total of 12 were selected as the areas of focus for this study. These zip codes in combination closely reflect the distribution of immigrant populations in the LHV. The study focus was also on individuals under the age of 45 years and on primary care services.

II. METHODS

Data for this study comes from interviews with three groups of individuals in each of the 12 target communities: 1) providers who serve recent immigrants; 2) key informants who work with recent immigrants but do not provide clinical services, such as community leaders, religious leaders, social services, ESL, and immigration advocates; and 3) recent immigrants themselves, defined as an individual who is foreign born, resides in one of the 12 target communities and has been in the US for at least 8 months but not more than ten years.

A total of 131 providers/key informants - 50 providers and 81 key informants - were interviewed for the study, with a range of 6-19 per community. A total of 74 recent immigrants were interviewed across the 12 communities, with an average of about six individuals per target community.

Interviews with providers/key informants were conducted by telephone from July 2004 through December 2005 and in person with study immigrants from May 2005 through March 2006. Recent immigrants were recruited to be interviewed at a variety of locations such as: day laborer hiring centers, parenting/education classes and Laundromats. Most of these were conducted in Spanish with a few in Haitian Creole and English.

Most of the data are presented in quantitative form, either because the data were collected in categories initially or categories were generated based on the qualitative information provided.

III. Findings

Data from the providers and key informants was grouped together since they had similar views in most cases. The two groups are discussed separately when their response patterns are different.

Some of the findings from the study are highlighted below.

A. Demographic Characteristics of Study Participants

Providers/Key Informants:

- Two-thirds were: < 50 years of age;
- Race/Ethnicity:
 - Providers: 70% white, 20% Latino, 5% African-American;
 - Key Informants: 39% white, 40% Latino, 18% African-American.

Study Immigrants:

- 85.5% female; 85.3% < 40 years of age;
- 87% had limited English proficiency;
- Average length of time in:
 - US - 5 yrs;
 - Community - 4 yrs.
- Region of origin (see Figure 9):
 - Central America - 53.6%;
 - South America – 26.1%;

- Caribbean – 20%.

B. Provider Services and Referrals *(as reported by providers/key informants)*

- Most common referrals were for: health centers, specialty services, dental, social, mental health, legal and shelter services;
- Insufficient services available to make adequate referrals for recent immigrants, especially for mental health, dental, and legal issues;
- Barriers to accessing these services for immigrants were: language, distance to the service and lack of insurance; in particular lack of linguistically and culturally competent mental health services.

C. Health Care Utilization and Satisfaction with Services

- 50% of study immigrants reported having a “regular” doctor;
- 73% of study immigrants reported using a hospital ED in past year;
- Reasons for use of ED: true emergencies, lack of insurance, and lack of awareness of options *(reported by providers/key informants)*;
- Most study immigrants reported being “happy” with the care provided by their doctor (78.3%) and hospital (87.2%) but not as happy with the ED (53.4%).

D. Barriers to Access of Health Care Services

- Language:
 - Limited English proficiency of immigrants and lack of translation assistance was identified by providers/key informants as a major barrier;
 - 50-75% of study immigrants said that their doctor, hospital or ED staff spoke their language “little or not at all”.
- Transportation:
 - Limited availability of public transportation was cited by providers/key informants as a barrier;
 - Study immigrants reported that they were most likely to walk or ride in a car to get to the doctor’s office but more than one-quarter rely on a taxi or health van.
- Financial:
 - Cost of health care was cited by providers/key informants and study immigrants as a barrier;
 - 52.7% of study immigrants had health insurance either for themselves or for a family member, with 10.8% having no insurance for anyone in their family.

E. Patient-Provider Communication

- Language assistance at health care providers: One-fifth reported that bi-lingual providers available; 12.5% reported that providers use bi-lingual clinical staff; more than one-half reported use of non-clinical bi-lingual staff; one in seven reported that providers use ad hoc translators – family, children, friends (*reported by providers/key informants*);
- About two-thirds of providers/key informants and study immigrants report frequent use of CAM by recent immigrants;
- Two-thirds of study immigrants feel uncomfortable telling the doctor about their use and almost half feel that the doctor is uncomfortable discussing CAM use;
- Communication during the patient-provider encounter, study immigrants reported:
 - ED physicians were the least likely to explain things well, least likely to let them ask sufficient questions and most likely to spend little or no time with them as compared to office-based and hospital-based physicians (excluding ED);
 - ED physicians were most likely to not understand about their culture as compared to the other two groups.

F. Immigrant Health

- More than one-third of study immigrants rated their health as “fair/poor”, with two out of five reporting a “health problem”;
- Most frequent health problems reported by study immigrants: headaches/allergies/sinus problems, hypertension, kidney/liver problems, diabetes and “pain”;
- Most frequent health problems of recent immigrants: one-quarter are chronic conditions (especially diabetes and hypertension), one-fifth are infectious diseases (especially TB), one in ten are mental health issues, one out of 14 are occupational injuries and one in six are problems with a behavioral component, such as obesity or alcoholism (*reported by providers/key informants*);
- More than one-third of study immigrants reported fair/poor mood;
- Depression and alcoholism were important issues in this target population (*reported by providers/key informants*);
- Most important sources of stress are: loss of family support, undocumented status, trauma of immigration, and cultural isolation (*reported by providers/key informants*).

G. Health Knowledge and Behaviors

- Study immigrants were least knowledgeable about: TB screening, mammograms, STI protection and adequate exercise;
- Study immigrants least likely to report receiving health education about TB screening, adequate exercise, mammograms and STI protection;
- 40% stated that their partners (mostly males) had never been to the doctor for a check-up.

I. Community Issues

- Providers/key informants cited housing as the most frequent non-health problem, followed by employment, finances and health insurance;
- Suggestions by study immigrants for improving community: better transportation, jobs, access to more culturally competent health care and insurance, and greater cultural sensitivity by their community;
- Suggestions by providers/key informants for improving services in communities to recent immigrants: improving existing services, education, recruitment of multilingual/multicultural staff and coalition building/empowerment.

V. Recommendations/Conclusion

Based on the information gathered through this study, some of the recommendations are highlighted below:

A. Compliance with New York State Department of Health Regulations

- Hospitals need to begin to comply with the latest New York State Department of Health regulations regarding language assistance as soon as possible. A guide for developing a plan for communicating with patients with limited English proficiency has been designed by the National Association for State Work Force Agencies (NASWA) (2003) and can be used as a model to guide health care organizations in developing and implementing such a plan.
- Although the NYS Department of Health regulations regarding language assistance currently apply only to hospitals, the model should be considered by other providers, such as primary care, specialty and mental health providers to improve communication and linguistic access.

B. Language Access

- Every effort should be made by health care and social service organizations to recruit bi-lingual providers and staff. Other options to consider include: training existing bi-lingual staff as medical interpreters; increasing the foreign language skills of clinicians; contracting with community-based organizations to provide interpreter services; using telephone interpreter lines; and using trained community volunteers.
- Pool resources regionally in terms of the training of medical interpreters, possibly sharing/contracting with medical interpreters, and sharing of translated educational materials may assist providers in the LHV to meet these challenges in a more cost efficient manner.

C. Cultural Competence

- Providers in the LHV – including primary care, specialty and mental health providers - should be encouraged to participate in training to develop skills in patient-based approaches to cross-cultural care. Development of such training on a regional or county-wide basis may be a cost-effective approach to expanding the cultural competency of LHV providers.

D. Improving English Language Skills and Providing Support to Recent Immigrants

- Communities should be encouraged to institute/expand English as a Second Language (ESL) services in communities with concentrations of recent immigrants. These ESL classes could also provide a basic orientation to the local health care system to provide an additional source of information as to where health services can be obtained.

E. Outreach to Males

- Outreach services should make every attempt to reach males, who were identified by this study as rarely seeking health care, especially preventive health care.

F. Mental Health Services

- Special emphasis should be placed on developing and sustaining culturally and linguistically competent community mental health services to address some of the mental health issues, such as depression and stress arising from the trauma of immigration identified by this study.

G. Strategic Planning

- To assist local communities and health care providers in meeting the needs of their newest neighbors, it is recommended that county-level and regional-level work groups be established, possibly at the initiative of the county health officers. These workgroups should include all the relevant stakeholders – providers, community leaders, health department staff, ESL administrators, recent immigrants – to work together to address some of these issues. By pooling resources at a county and/or regional level, then the financial cost and implementation arrangements can be shared across many organizations to make the adoption of these recommendations more feasible.

H. Further Research

- Further research is needed, especially in terms of identifying the specific risk factors that lead to young immigrants reporting multiple health problems and poor physical and emotional health and to the decline in immigrant health status over time.

If communities and health providers focus on addressing issues that will lead to better communication between providers and immigrants, ultimately that should lead to better compliance, reduced costs and better health status for immigrant populations. Although many of these recommendations are derived from a study which was focused specifically on recent immigrants, some of the recommendations such as increased coordination and communication across agencies will likely benefit all clients, regardless of background.

Finally, the immigrant population to the LHV is continuing to grow. Given the increasing immigrant population, the issues identified by this study will most likely continue to worsen unless there is a coordinated regional effort to address these issues. The New York State Department of Health in developing state-wide regulations has begun a process that potentially could place New York State as a national model for addressing barriers to health care and improving the health of our newest neighbors.

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SUMMARY REPORT

I. INTRODUCTION

A. Statement of the Problem

This project addresses the challenges faced by New York State's Lower Hudson Valley (LHV) healthcare system in meeting the health needs of its growing immigrant population. Both the nation and the region are experiencing one of the largest waves of immigration in their histories as shown in Figure 1 (see Appendix A for this and all other Figures). The LHV experienced a 56% increase in its foreign-born population during the period 1990-2000 (compared to 43% nationally, Camarota, 2001), translating to approximately 122,000 immigrants. These numbers likely reflect mostly documented immigrants; therefore the actual number of individuals in communities is likely to be larger, but the pattern of residence is likely to be similar (New York City Department of City Planning, 2004).

Traditionally, immigrants tended to enter the US and settle in one of six "gateway" states: New York, New Jersey, Florida, Texas, California, and Illinois. In fact, two-thirds of the foreign born in the US reside in one of these "gateway" states (US Census Bureau, 2003). Within those states, they tended to migrate to certain cities, called primary cities (Puentes & Warren, 2006), and establish communities with others from their homeland. After working several years in these primary cities they, or perhaps the next generation of immigrant families, might move to suburban areas surrounding these primary cities.

In contrast to these earlier migration patterns, recent immigrants have been settling in parts of the US not previously known as locations of immigrant settlement. For example, the states with the largest growth in their foreign born populations between 1990 and 2000 are in the Southeast and Midwest: North Carolina, Georgia, Nevada, Arkansas, and Utah (Deardorff, 2003). In addition, many immigrants are coming in through "gateway" states but are not staying there. They are settling in suburban and rural areas, like the LHV, many of which previously had very homogeneous populations (Salvo, 2004). In these areas, they tend to reside in small cities, towns and villages where there might be denser housing options and where they can reside with others from their homeland. In fact, in 2000 more foreign born resided in the suburbs

immediately surrounding a primary city (called “first suburbs”) than in primary cities (see Figure 2) (Puentes & Warren, 2006).

The New York metropolitan area, including the LHV, provides a good example of these changing settlement patterns (see Figure 3). As the map shows, 36% of the population of New York City was foreign born in 2000. Outside of this primary city, the largest proportion of foreign born have settled in the “inner counties” or first suburbs immediately surrounding the city and constituting about 22% of the population in those areas. A smaller proportion of the foreign born have extended into the “outer counties” or “new suburbs”, constituting about 9% of the population in these areas.

Looking specifically at the patterns of settlement in the LHV of the recent foreign born, that is, those arriving between 1990 and 2000, it is apparent that the LHV is similar to the NY metropolitan region as a whole (see Figure 4). For example, the inner counties (first suburbs) closest to New York City (Westchester and Rockland) have the largest proportion of foreign born (22.2% and 19.1%, respectively). The outer counties (new suburbs) further away from New York City have a smaller proportion of their population that is foreign born (6% - 8%).

The countries of origin of the new immigrants are also much more diverse than had been true in earlier migration waves. For example in the LHV, recent immigrants have come from Mexico and other Central American countries, South America, the Caribbean, and Asia (see Figure 5). Although immigrants from Italy constitute a source of the foreign born population in the LHV as shown in Figure 5, they tend not to be among the more recent immigrants, who are the focus of this study. The educational background of recent immigrants also varies by country of origin. For example, national data show that immigrants coming from Latin America are much more likely to have less than a ninth grade education as compared to those from Asian countries who are much more likely to have a college degree or more (see Figure 6).

Hospitals and other health care providers located in primary cities, like New York City, with long histories of immigration and large immigrant populations of all professional backgrounds have had a long time to develop an infrastructure for addressing the needs of immigrants, including better access to a diverse health care workforce that reflects the ethnic and cultural diversity of the patient population that they serve. In contrast, hospitals and health care providers in more suburban/rural areas for the most part are either seeing immigration to their communities for the first time or seeing a much greater diversity than they had seen before. In addition, these communities have been relatively homogeneous racially/ethnically and so have their healthcare workers.

This changing demographic makeup of the LHV raised issues of concern beginning in early 2000 among healthcare providers, policymakers and those who work with immigrant populations in local communities. As a result, the New York Medical College School of Public Health (NYMC-SPH) embarked on this project in collaboration with the health officers of the seven LHV counties (Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester) and their coordinating organization (Hudson Valley Regional Health Officers Network, HVRHON), and healthcare providers and other community organizations in the seven counties constituting the LHV.

The purpose of the project was to understand the health issues and barriers facing recent immigrants to the LHV and the challenges faced by the health providers who serve them. By documenting and describing these health issues, barriers and challenges, it is anticipated that this information will provide a basis for the health care providers, health policymakers and others who serve this population to develop a strategic plan to improve health services and ultimately the health of this vulnerable population.

B. Accomplishments To Date

As a foundation for developing a strategic plan to address the health needs of recent immigrants to the LHV, a conference was held in early 2001 which brought together experts on the issues that impact the health of immigrant families (Conference: *Developing a Strategic Plan for Meeting the Healthcare Needs of the Growing Immigrant Population in New York's Suburban and Urban Communities*, March 23, 2001).

Building on this initial conference, a demographic study was undertaken to identify the communities in the LHV with the largest concentrations of recent immigrants. Through a collaboration with the New York City Department of City Planning (NYCDCP), a socio-demographic profile of the major immigrant groups of each zip code in the LHV was developed by Dr. Joseph Salvo and Dr. Peter Lobo, Population Division, NYCDCP. Zip codes with the greatest concentrations of recent immigrants - those arriving in the US between 1990 and 2000 - (N=21) were identified, and from these a total of 12 were selected with input from the county health officers and their staff as the areas of focus for this study (see Table 1 in Appendix A for this and all other Tables). These zip codes in combination closely reflect the distribution of immigrant populations in the LHV (see Table 2).

A second conference focused specifically on immigrant health and introduced the strategic planning process to the community leaders and stakeholders who were expected to be involved in the collection of data for the needs assessment phase of the project. In addition, their views on the issues to

be covered and the instruments to be used in data collection were solicited (Conference: *Asking the Right Questions: Responding to Immigrant Healthcare Needs in Our Communities*, August 12, 2003).

Using the 12 target zip codes and the information obtained from the conferences, the needs assessment phase of the study was developed. It is the design and findings from this phase of the project that is the main focus of this report. The design and implementation of this study will be described in the next section followed by the findings and recommendations.

II. METHODS

A. Study Focus

Although the target areas were selected based on zip codes with high concentrations of immigrants, it is really the municipality (usually village or town) that became the focus of the study. In 9 of the 12 communities, the zip code selected usually encompassed the target community and surrounding suburban/rural areas. In all cases the recent immigrants and most of the health care services were located in the village/town and not the surrounding areas. In the remaining three cases (Yonkers, Mt. Vernon and Spring Valley), the target zip codes constituted a portion of a larger city/village. In those cases, every attempt was made to focus on the area of the city/village that comprised the zip code, although any provider/key informant who served the target population in the target community was eligible to participate in the study.

This study also focused on individuals under the age of 45 years and on primary care services. This age group was selected because it reflects the largest proportion of recent immigrants (over 80% in 1994-96) to the U.S. (US Center for Immigration Studies, 2003). Primary care services are defined as pediatrics, family practice, adolescent health services, internal medicine, maternity services, infectious disease identification and referral, and mental health services. To the extent that the hospital emergency department (ED) is used as a source of primary care by immigrants, such services provided in that context were also included.

B. Study Participants

Data for this study comes from interviews with three groups of individuals in each of the 12 target communities: 1) providers who serve recent immigrants; 2) key informants who work with recent immigrants but do not provide clinical services, such as community leaders, religious leaders, social services, ESL, and immigration advocates; and 3) recent immigrants themselves, defined as an

individual who is foreign born, resides in one of the 12 target communities and has been in the US for at least 8 months but not more than ten years.

Potential providers and key informant candidates for each community were initially identified through publicly available resources such as the internet, telephone directories, directories of community services, etc. This list was then reviewed by the respective county health officers and their staff. Telephone interviews with providers and key informants were conducted from July 2004 through December 2005. Each interview lasted on average 36 minutes with providers and 47 minutes with key informants, ranging from 21 to 69 minutes.

Recent immigrants were recruited to be interviewed in person at a variety of locations such as: day laborer hiring centers, parenting/education classes for immigrants, laundromats, playgrounds, after church services. Most of these interviews were conducted in Spanish, with a few in Haitian Creole and English. Each immigrant who completed the interview received a \$10 international calling card in gratitude for their participation. Interviews were conducted from May 2005 through March 2006. Each interview lasted on average 43 minutes, ranging from 30 to 60 minutes.

A total of 131 providers/key informants - 50 providers and 81 key informants - were interviewed for the study, with a range of 6-19 per community. A total of 74 recent immigrants were interviewed across the 12 communities, with an average of about six individuals per target community.

C. Source of Data

Questionnaires developed by project staff formed the basis of the interview process. The questionnaires contained both open-ended questions, where respondent answers were written down, and closed-ended questions, where respondent selected from pre-determined categories, with a greater preponderance of open-ended for the providers/key informants and a greater preponderance of closed-ended for the immigrant interviews. Thus both quantitative and qualitative data were collected by this study. Topics covered in the questionnaires were developed by project staff in consultation with the county health officers and input from the second conference participants as described earlier.

Most of the data are presented in quantitative form, either because the data were collected in categories initially or categories were generated based on the qualitative information provided. Some impressions from the qualitative data are also included to provide examples and some depth to the information; these will be presented *through the use of a different font throughout the text*. The reader is cautioned that these are impressions provided by some providers and

key informants and are in no way intended to represent the views of all providers and key informants interviewed.

D. Catalog of Initiatives

In addition, to complement the field data collected through the needs assessment, a catalog of initiatives that address immigrant health issues similar to those identified in the LHV was compiled. It is anticipated that the catalog can be used as a resource to enhance strategic planning processes and project development. This information is presented in Appendix B and is also available at: <http://library.nymc.edu/informatics/ihp/index.cfm>.

III. Findings

Findings from the study are grouped into eight topic areas and each will be described below. Since the providers and key informants were found to have similar views in most cases, their data are reported together except when their response patterns differed, then they are presented separately.

A. Demographic Characteristics of Study Participants

Providers/Key Informants:

- Two-thirds were: < 50 years of age;
- Race/Ethnicity (see Figure 7):
 - Providers: 70% white, 20% Latino, 5% African-American;
 - Key Informants: 39% white, 40% Latino, 18% African-American.

Study Immigrants:

- 85.5% female; 85.3% < 40 years of age;
- 87% had limited English proficiency (see Figure 8);
- Average length of time in:
 - US - 5 yrs;
 - Community - 4 yrs.
- Region of origin (see Figure 9):
 - Central America - 53.6%;
 - South America – 26.1%;
 - Caribbean – 20%.

Providers/key informants and study immigrants stated that having family/friends and employment opportunities are the top two reasons for settling in the target community. As to why these communities have been selected

instead of large urban centers, such as New York City, some providers/key informants observed the following: *Some immigrants appear to prefer “more rural” counties, which they see as not as frightening as NYC, and which they feel provide more job opportunities and a safer environment for their children.*

Consistent with the newer pattern of immigrant settlement discussed earlier, some providers/key informants reflected that: *More of the recent immigrants appear to be coming directly from small and remote villages.* As one interviewee said, *“It’s almost like they have time traveled. They have come 100 yrs into the future overnight”.*

For descriptive purposes some comparisons by country of origin of study immigrants will be presented with the understanding that differences in observed patterns can only be suggestive given the small numbers of individuals interviewed from each country. These comparisons will examine the top four countries of origin for study immigrants: Mexico, Guatemala, Ecuador and Haiti. All other countries of origin are grouped together under the category of “Other”.

While those from Mexico, Guatemala and Ecuador appear to reside in households with an average of five persons, those from Haiti and Other countries reside with fewer people (between three and four) (see Figure 10). The degree of English proficiency reported by study immigrants varies according to country of origin. Almost all of those coming from Mexico, Guatemala, and Ecuador have “minimal” or “low” English proficiency despite the fact that they have been in the US an average of five years (see Figure 11). This is in contrast to immigrants from Haiti and Other countries, where approximately one-half have minimal/low proficiency in English.

Among the immigrants interviewed for this study, those from Guatemala had been in the US an average of six years while those from Other countries had been in the US for two years less on average (see Figure 12). On average, Haitians, Guatemalans and Ecuadorians interviewed by this project had lived in the target community for about five years, while Mexicans and those from Other countries had lived in their communities for less than four years (see Figure 12). Comparing the time lapse between entry into the US and arrival in the target community, it appears that the Haitian interviewees and those from Other countries arrived in the target community fairly quickly, within less than two months on average from their time of entry into the US. On the other hand, it took the Mexican and Guatemalan interviewees more than one year and the Ecuadorians six months to arrive in the target community (see Figure 12).

Although study immigrants were not asked about their legal status in the US, providers/key informants reported that a large proportion of the immigrants they worked with were undocumented.

B. Provider Services and Referrals *(as reported by providers/key informants)*

- Most common referrals were for health centers, specialty services, dental, social, mental health, legal and shelter services;
- Insufficient services were available to make adequate referrals for recent immigrants, especially for mental health, dental, and legal issues;
- Barriers to accessing these services for immigrants were language, distance to the service and lack of insurance; in particular lack of linguistically and culturally competent mental health services (see Figure 13).

According to the providers/key informants, recent immigrants learn about health services in their community most often by word of mouth, followed by health centers, houses of worship, and community organizations (Figure 14). It is interesting to note that providers were five times more likely to identify the health department as a source of information as compared to key informants (9.7% vs. 1.6%). Conversely, key informants placed a greater emphasis on houses of worship (15.2% vs 4.3%) as compared to providers.

C. Health Care Utilization and Satisfaction with Services

- 50% of study immigrants reported having a “regular” doctor.

When study immigrants were asked if the undocumented are limited in their choice of health care provider, almost nine out of ten indicated that these individuals can only go to “specific places”. This is consistent with the reticence reported by some providers to being included in a directory of health services targeted to immigrants. A number of providers in the target communities apparently provide some care through informal mechanisms to a small number of recent immigrants who are not insured. These providers did not want to be included in the directory because they feared being flooded with uninsured patients which would create a circumstance where they would no longer be able to provide these services.

- 73% of study immigrants reported using a hospital ED in past year (see Figure 15).

Approximately one-third of providers and 41% of key informants felt that recent immigrants often used a hospital emergency department (ED) for health care (Figure 15). Furthermore, six out of ten providers and eight out of ten key informants felt that these immigrants tended to use the ED more often than the native born in their communities.

- Reasons for use of ED were true emergencies, lack of insurance, and lack of awareness of options (*reported by providers/key informants*) (see Figure 16).

Some providers/key informants made the following observations:

Many will use ED when they first arrive because they don't know their way around. Through word of mouth, referral by ED, and outreach by some health centers, they will then start utilizing non-ED services.

Some use ED because of lack of insurance, limited clinic hours of operation and long work days.

In some Latin American countries, hospitals are apparently free and clinics are not, so there may be some initial confusion regarding how things work in the US.

- Most study immigrants reported being “happy” with the care provided by their doctor (78.3%) and hospital (87.2%) but not as happy with the ED (53.4%) (see Figure 17).

Despite the overall satisfaction with services by study immigrants, more than two out of five felt that there were not enough health care services in their community.

About 22% of providers report that the overall health and language needs and quantity of health services available for recent immigrants have not been met in the target communities. In contrast, a much larger proportion of key informants report these needs as not being met for this population (38.7%, 50% and 30.4%, respectively).

D. Barriers to Access of Health Care Services

One possible reason for immigrants using the ED for non-emergent care may be a lack of access to primary care services. Several barriers to accessing these services were identified: financial, structural, transportation, language and other. Of these, language was identified by more than one-quarter of providers/key informants, followed by transportation and financial (see Figure 18).

1. *Language*

- Limited English proficiency of immigrants and lack of translation assistance were identified by providers/key informants as a major barrier;

- 50-75% of study immigrants said that their doctor, hospital or ED staff spoke their language “little or not at all” (see Figure 19).

Similar to the reports of providers/key informants, language also appears to be the greatest barrier to accessing health services for study immigrants and their families. This lack of common language was most likely to occur in the ED, where three-quarters of study immigrants reported such a situation.

Reflecting on the issue of language, some providers/key informants indicated that: *the local offices of government agencies, such as the Department of Social Services, Child Protective Services (CPS), and the Social Security Administration were reported as less likely to have bilingual staff. Non-medical personnel (including janitorial staff) and family members (including young children) were reported as sometimes being asked to translate.*

One of the challenges faced by providers is reported to be that some immigrants come from small and remote villages in Central and South America, where they speak local dialects or ancient languages but no Spanish. It was also reported by some key informants that the link between providers, social service agencies and the immigrant population in some communities depends almost exclusively on one or two individuals or on a local coalition.

The following case examples illustrate some of the language barriers faced by the recent immigrants in the target communities as described by some providers/key informants.

1. *A Latino mother took her young child to ED with severe lower abdominal pain. There was no Spanish speaking staff available. The mother was scared and confused. She would not sign a consent form for surgery. She even called her own mother in Mexico for help. The local immigration coalition was notified and a member rushed over to interpret and probably saved the life of the child who had acute appendicitis.*
2. *CPS met with a teenage daughter - who spoke English - but not with the mother who did not speak English and pursued the mother based on the teen's report. The CPS worker did not get a translator. In fact it was the daughter who was acting out but she placed the blame on her mother. In a similar incident, CPS used the daughter, who was the accuser, to translate for the mother, who was the accused.*

2. Transportation

- Limited availability of public transportation was cited by providers/key informants as a barrier.

Specifically in terms of transportation, some providers/key informants pointed out that lack of good public transportation in some communities is particularly problematic where it is necessary to travel outside of the community for health services. Alternative transportation options may be limited further since many immigrants may not be eligible for Medicaid assistance for transportation. In particular, study immigrants reported that they were most likely to walk or ride in a car to get to the doctor's office. However, more than one-quarter must rely on a taxi or health van in order to get to their doctor appointments.

3. *Financial*

- Cost of health care was cited by providers/key informants and study immigrants as a barrier;
- 52.7% of study immigrants had health insurance either for themselves or for a family member, with 10.8% having no insurance for anyone in their family.

These rates of health insurance among study immigrants were unexpected. This may perhaps be partially attributed to the fact that more than four out of five reported availability of assistance in completing health insurance paperwork. It is also possible that since many of those interviewed had children who are eligible for Child Health Plus, that these high rates of health insurance are due to the children who are insured, not the adults.

In contrast to the reporting of insurance coverage by study immigrants, some of the providers/key informants painted a different picture. *Even when immigrants are eligible for Medicaid sometimes obtaining coverage can be complicated by the unfamiliarity of office staff with processing Medicaid paperwork or the lack of bi-lingual staff.*

Some providers/key informants reported experiencing difficulties in getting specialty care referrals for immigrants, but especially the uninsured. In some areas there are few specialty providers and many will not accept the uninsured or those with Medicaid coverage. If they have a sliding fee scale, sometimes documenting immigrants' income (which often may be from cash wages) poses a further challenge. Similarly, some providers/key informants reported difficulties in obtaining social services, such as shelters for the homeless or for battered women, for the undocumented.

A case example of a financial barrier was provided by one key informant:

A patient with a fracture who had gone to the ED was refused treatment by the orthopedist on call. The physician stated that "he didn't want a

Medicaid patient in his office” even though it was made clear to him that taking referrals of this nature was part of having hospital privileges.

Among structural barriers, eleven percent of study immigrants reported having to wait more than one month to get an appointment with a doctor, with almost one-quarter waiting that long to see a specialist (see Figure 20).

E. Patient-Provider Communication

1. *Language*

- Language assistance at health care providers (see Figure 21): One-fifth reported that bi-lingual providers available; 12.5% reported that providers use bi-lingual clinical staff; more than one-half reported use of non-clinical bi-lingual staff; one in seven reported that providers use ad hoc translators – family, children, friends (*reported by providers/key informants*).

It should be noted that it is not known if any of the clinical and non-clinical staff used for interpretation have received training for this purpose.

- Most providers (three-quarters) and study immigrants (two-thirds) reported availability of educational materials in languages other than English; this was contradicted by the key informants where less than one-third reported such materials to be available at health care facilities.

2. *Culture*

Most providers and key informants felt that health care providers in their communities were culturally aware. They also considered culture to have an impact in several areas of health, especially domestic violence, nutrition, and overall health (see section IIIF below).

Culture also can influence the use of complementary and alternative medicines (CAM) by clients.

- About two-thirds of providers/key informants and study immigrants report frequent use of CAM by recent immigrants (see Figure 22);
- Two-thirds of study immigrants feel uncomfortable telling the doctor about their CAM use and almost half feel that the doctor is uncomfortable discussing CAM use (see Figure 22).

Some providers/key informants reported that *sometimes products, such as make-up or candy brought from the native country may be contaminated with lead or mercury. Similar to herbs/medicines, these are frequently not discussed with the provider.* A specific example of the use of herbal remedies was provided by an informant:

A woman pregnant with twins and a history of miscarriages was hospitalized. While in the hospital, it was discovered that she was using a number of very strong, psychoactive, and abortive herbs.

Another possible role of culture can be in influencing treatment compliance. For example, more than one-half of providers/key informants felt that immigrant clients “sometimes/often” do not comply with treatment regimens. However, when study immigrants were asked how often they follow the doctor’s advice, only one-fifth replied “sometimes/not often”. Similarly, about one-third of study immigrants reported that they “sometimes/often” miss doctor’s appointments.

Interestingly, almost 60% of providers/key informants find that culture and finances each contribute to lack of compliance by immigrant clients. However, proportionately more key informants feel that culture plays a more important role (63.6% vs 50%) while more providers feel that finances plays a more important role (62.5% vs. 54.5%).

3. *Patient-Provider Communication*

Another area of cultural impact focuses on the role of family in the patient-provider encounter. More than one-third of providers/key informants felt that family/friends were often brought to the health care visit, with one-fifth reporting that health care decisions were made as a family and another fifth reporting that the males of the family decided for the women (Figure 23). This is consistent with reports by study immigrants where two-fifths said that family members accompany them to the doctor with four-fifths being accompanied to the ED (Figure 24). Furthermore, more than three-quarters had family members come in with them to the doctor’s office and almost all of these (77.5%) preferred it that way.

Regarding communication during the patient-provider encounter, study immigrants reported (see Figure 25):

- ED physicians were the least likely to explain things well, least likely to let them ask sufficient questions and most likely to spend little or no time with them as compared to office-based and hospital-based physicians (excluding ED);

- ED physicians were most likely to not understand about their culture as compared to office-based and hospital-based physicians (excluding ED).

Finally, about one-third of study immigrants felt that ED and hospital-based physicians treated them somewhat differently than native born Americans.

F. Immigrant Health

1. *Overall Health/Health Problems*

- More than one-third of study immigrants rated their health as “fair/poor”, with two out of five reporting a “health problem” (see Figure 26);
- Most frequent health problems reported by study immigrants: headaches/allergies/sinus problems, hypertension, kidney/liver problems, diabetes and “pain”;
- Most frequent health problems of recent immigrants: one-quarter are chronic conditions (especially diabetes and hypertension), one-fifth are infectious diseases (especially TB), one in ten are mental health issues, one out of 14 are occupational injuries and one in six are problems with a behavioral component, such as obesity or alcoholism (*reported by providers/key informants*) (see Figure 27).

Consistent with these data, some providers/key informants provided the following observations. *Obesity was cited most often as an issue in particular for Latino children and adolescents. One provider cited a commonly heard belief that “a fat baby is a healthy baby”.*

Although some providers/key informants report that many immigrant women see pregnancy as a “normal” process, not a “medical condition” that requires treatment, some pregnant women have been reported to face particular obstacles. For example, some providers/key informants have reported the following situations:

1. *Women working in factories have been told that they cannot leave the job to go to their prenatal appointments. One woman delivered prematurely in a non-local hospital. Her husband lost his job when he went to visit his wife.*
2. *Women who work in housekeeping are exposed to toxic cleaning chemicals. They work there while they are pregnant and are later allowed to bring their infants with them. They may understand the risks but they need to work – “they have no choice”.*

Regarding sexually transmitted infections (STIs), some providers/key informants reported some risky behaviors among their immigrant clients, such as: *unprotected sexual activity (it is reported that Latino men do not like to use condoms); use of prostitutes by “single” men and transmission to spouses when the latter join them in the U.S.; sometimes the rape/sexual abuse of women crossing the border illegally; and reverse transmission of STIs when infected individuals return home to locations where the disease was previously not present.*

2. Domestic Violence

An issue that was elaborated upon by some by providers/key informants was domestic violence. Some felt that there were certain cultural components that augmented the challenges of addressing domestic violence in immigrant populations: *1) domestic violence and the practice of older men having sexual relations with under-age females were reported to be culturally accepted and not punishable by law in some countries; 2) a strong element of machismo in many Latino cultures was reported to sometimes diminish the likelihood that a woman would take action against her abuser; and 3) domestic violence can be exacerbated by the stressors that immigrants experience (see mental health issues below).*

In addition, lack of linguistically and culturally competent services may pose additional barriers. *For example, if battered women do seek help and are referred to a shelter, they may not be eligible for services and/or there may not be any bilingual staff. Similarly, even if an abuser is required to attend anger management classes or an alcoholic is required to attend AA meetings, in many communities these services are only available in English, making them inaccessible to many immigrants.*

3. Stress/Mental Health Issues

An area of particular relevance to recent immigrants is that of stress and mental health issues.

- More than one-third of study immigrants reported fair/poor mood (see Figure 26);
- Almost all (92.3%) found it “difficult” for immigrants to live in their community;
- Depression and alcoholism were important issues in this target population (see Figure 28) *(reported by providers/key informants)*;
- More providers emphasized the importance of depression (51.7% vs 43.6%) while more key informants emphasized the role of alcoholism (45.9% vs 31.7%) (Figure 28);

- Most important sources of stress are loss of family support, undocumented status, trauma of immigration, and cultural isolation (see Figure 28) *(reported by providers/key informants)*.

Specifically some providers/key informants cited the experience of the voyage to the U.S. *as particularly traumatic for some, since immigrants may endure grueling, unsanitary, dangerous and abusive conditions at the hands of “coyotes”, who “facilitate” their entry into the US. It was reported that some women will make the journey even though they may be aware that they may be sexually abused en route. Furthermore, as a result of their “facilitated passage” into the US with “coyotes”, many are heavily indebted to the “coyotes” for large sums of money (\$7,000-\$10,000) and may be subject to hardships (i.e., forced labor in factories under captivity and sex trafficking) by the latter to pay back their debt.*

Another source of stress reported by some providers/key informants is *the disparity between their high expectations “to live the American dream” and reality sometimes fraught with unexpected obstacles such as the high cost of living (housing, food, clothing), low cash wages, working extremely long hours, exposure to poor working conditions, the possibility of unpaid wages and occasional racism.* One respondent put it this way:

“They didn’t find [racism] in Mexico; [there are] skin variations in Mexico but when they come here they see that color of skin determines who is chosen for work (for example lighter skinned people)..., there is a lot of self hatred, turning against oneself and taking it out on women.”

Some providers/key informants reported that mental health issues were particularly difficult to address in immigrants. This was partially attributed to a different view of health and illness, especially regarding mental health where social stigma may preclude open discussion, and partially to the lack of linguistically and culturally competent mental health services available in many of the target communities. Some providers/key informants offered some illustrative examples:

1. *A woman stating that she and her sister were possessed by the same spirit was diagnosed as delusional and psychotic. She was in fact suffering from post traumatic stress disorder (PTSD) and it took over a year to change her diagnosis to PTSD.*
2. *A number of Haitian women, who were suffering from PTSD as a result of extremely violent experiences in their country, were all misdiagnosed with the same psychotic illness.*

When study immigrants were asked what they would do when sad/depressed, they were most likely to report seeking out social support such

as, talking with friends/compatriots (19.4%), with family back home (18.4%) or engaging in activities (15.3%). However, some would isolate themselves and cry (14.3%) or use substances, such as, alcohol, tobacco, drugs (12.2%). It is noteworthy that almost four out of five would not seek assistance from a doctor if they felt this way; this was mostly because they either did not feel that it was important, they felt that it was too costly, or because depression is not seen as an “illness” in their culture.

Examining the overall health, mood and existence of health problems by country of origin, there appears to be some variation for each of these variables. Guatemalans and Ecuadorians in this study seem to be more likely to report fair/poor health than the other groups, while interviewees from Haiti and Other countries are least likely to report fair/poor mood (see Figure 29). Among study immigrants, Guatemalans, Ecuadorians and those from Other countries were more likely to report having health problems.

G. Health Knowledge and Behaviors

When providers and key informants were asked to describe how knowledgeable recent immigrants in their community were about preventive health behaviors, one-third of providers and 46% of key informants reported that most immigrants had a low degree of knowledge in this area. In contrast, only 28% of study immigrants reported low knowledge for preventive health behaviors overall. In addition, approximately one-half of providers (45.8%) and key informants (52.6%) reported that recent immigrants did not engage in preventive health behaviors (see Figure 30).

When thirteen specific preventive health behaviors were examined, the degree of knowledge that study immigrants reported varied widely across these behaviors as well as by country of origin (see Figure 31). They were most knowledgeable about: childhood immunizations, not smoking, timely prenatal care, and pregnancy prevention. They were least knowledgeable about TB screening, mammograms, STI protection and adequate exercise. Furthermore, immigrants from Ecuador, Haiti, El Salvador and Guatemala were more likely to indicate low knowledge - “knows little or nothing about” - for more of these preventive health behaviors (see Figure 32). The reader is cautioned that these figures are based on small numbers of immigrants from each country and thus cannot be generalized.

Paralleling the findings for knowledge, study immigrants were more likely to report receiving health education about Pap test, child immunizations, pregnancy prevention and not smoking (see Figure 31). On the other hand, they were least likely to report receiving health education about TB screening, adequate exercise, mammograms and STI protection.

Almost one-half of study immigrants (48.5%) reported going to the doctor *only* when they are sick. When they were asked about the last time that they had been to the doctor for a check-up within the previous 12 months, over three-quarters of respondents indicated that they and their children had made such a visit (see Figure 33). However, they reported that fewer than two out of five of their partners (usually males since most respondents were female) had been to the doctor in the past year for such a visit and an additional 40% stated that their partners had *never* been to the doctor for a check-up. This is consistent with qualitative reports of providers/key informants which indicated that *men tend to not use healthcare services very much unless they are very ill or severely injured*.

H. Community Issues/Suggestions for Improvement

- Providers/key informants cited housing as the most frequent non-health problem, followed by employment, finances and health insurance (see Figure 27).

In particular, the high cost, crowded and substandard housing were identified as the most important challenge for immigrants in their communities as reported by providers and key informants. Looking at the responses of the target communities to the recent influx of immigrants, providers and key informants reported both negative and positive responses in approximately equal proportions (Figure 34). The most frequent positive responses were: “hard working people” (13.8%), “fill unwanted jobs” (13.8%), and contribute to diversity” (11.0%). The most frequent negative responses were: “overloading health services” (16.6%) and “overloading social services” (9.0%).

Some providers/key informants reflected that the immigrants that they work with *tend to work hard, long hours, and at multiple jobs. Work appears to come before anything else, including health care, unless children's health is concerned. These providers/key informants felt that immigrants do not “abuse the system” (healthcare or social services), but rather tend to underutilize resources*. Furthermore, these providers/key informants reported that *many immigrants will not go to the doctor unless they know they can pay*.

- What study immigrants like about their communities: quiet/safety (35.8%), convenience to stores/activities (20.8%), availability of work (17.0%) and community of others from their homeland (11.3%);
- What study immigrants dislike about their communities: poor transportation (23.8%), language barriers/discrimination (16.7%), cold weather (14.3%) and violence (11.9%);

- Suggestions by study immigrants for improving community: better transportation, more jobs, access to more culturally competent health care and insurance, and greater cultural sensitivity by their community.

It should be noted that the study immigrants did not use the term “cultural competence”; these categories were created based on the responses provided by the immigrants.

- Suggestions by providers/key informants for improving services to recent immigrants in their communities: improving existing services, education, recruitment of multilingual/multicultural staff and coalition building/empowerment.

Providers were more likely to emphasize the need for changes to health insurance (9.5% vs 3.7%) and training of medical interpreters (2.6% vs 0.6%), while key informants were more likely to emphasize the need for cultural training of providers (8.1% vs 2.6%).

IV. DISCUSSION

This study is unique in several ways. First, it has examined the issue of immigrant health and health care access from three perspectives: recent immigrants to the LHV, the providers who provide primary health care and key informants who work with recent immigrants. Although each perspective makes its contribution, the three together provide a degree of verification and support for the data presented. Moreover, for the most part, all three points of view tended to agree in almost all topic areas; there were only a few instances, such as preventive health behaviors, where their emphasis differed. Second, the data consist of both quantitative and qualitative elements which complement each other. Third, more than 200 individuals were interviewed across a seven county region, which includes urban, suburban and rural communities. Fourth, a broad range of health topics were included to encompass as many aspects of primary health care as possible. Finally, although many other studies have examined immigrant issues, most have focused on access, insurance and utilization of health care services unlike this study which has taken a broader approach to the issue.

A. Language and Communication Issues

Of all the issues raised by this study, communication barriers are clearly the most prominent. Clear health communication involves contributions from both parties involved in the health encounter. For example, the provider may enhance communication through clear explanations/instructions to the

patient, accurate language interpretation, accurate language translation of written materials and signage appropriate to the patient's literacy level, and cultural competence regarding the patient's background. The patient may present challenges to clear health communication through lack of English proficiency, low health literacy, use of complementary and alternative medicines (CAM) without disclosure to the health care provider, poor treatment compliance influenced by culture and the involvement of the family in the patient-provider encounter.

1. Language

Language was the barrier to health care access which was most frequently identified by all three respondent groups - providers, key informants and immigrants as most important. Almost all immigrants interviewed for this study had limited English proficiency (LEP) since they felt that they spoke English less than "very well", even though they had been in the US an average of five years. In the LHV, more than nine percent of the population, or approximately 188,000 individuals, would be categorized as LEP based on census 2000 data (Census, 2000). The counties with the highest proportion of those with LEP are those closest to New York City - Westchester, Rockland and Orange (see Figure 35). Not surprisingly, LEP individuals constitute as much as one-third of the population of some of the communities targeted by this study, such as, Port Chester, Sleepy Hollow, Spring Valley, Haverstraw and Brewster (see Figure 36). Some studies have shown that those identified as LEP have lower rates of preventive visits, poorer comprehension of their diagnosis and treatment, more medical errors and misdiagnoses, and experience more adverse events (Karliner et al., 2007; Divi et al., 2007). In addition, an individual who has LEP may also have low health literacy in their primary language compounding communication difficulties (IOM, 2004).

The LEP of immigrants in the target communities and the lack of translation assistance as reported in this study at most health care provider offices/organizations, especially specialty services, hospitals, and social services, were cited as major barriers by providers and key informants. Similarly, the majority of study immigrants reported lack of translation assistance in doctor's offices, hospitals, and particularly in the ED. When translation assistance was available, only one-fifth of providers/key informants indicated that this was offered through bi-lingual providers. Most of these respondents indicated that non-clinical and clinical staff and family/friends were often used as translators. Use of individuals who have not been specifically trained to provide medical interpretation has been shown by others to be problematic and to potentially have serious consequences because: it breaches patient confidentiality; the translator may summarize what is said and leave out crucial information or may not understand medical concepts/terminology; and it may

lead to inaccurate/incomplete translations and to medical errors (Flores et al., 2003). Furthermore, physicians who do not have access to trained medical interpreters have reported significantly poorer quality patient-provider communication (Betancourt et al., 2003).

Although most providers and study immigrants reported the availability of educational materials in the immigrants' language, there are indications from the respondents that other forms such as, registration forms, applications for financial assistance, discharge instructions, may not also be available in the languages spoken by immigrants in each community.

It is because of the potential for serious consequences when language assistance is not provided or is provided by ad hoc translators or staff who have not been trained as medical interpreters, that the New York State Department of Health has recently issued regulations regarding language assistance in all hospitals in New York State (New York Immigration Coalition (NYIC), 2006). In brief, the regulations require hospitals to:

- Identify/document the patient's language in the medical chart;
- Provide interpretation for LEP/hearing/vision impaired within 10 minutes for the ED and within 20 minutes elsewhere in the hospital;
- Provide materials and post signs, in languages served by the hospital, on how to access these free services;
- Conduct an annual needs assessment that identifies languages other than English spoken by more than 1% of patients or service area population;
- Provide all significant hospital forms and instructions in all languages identified in the community by the needs assessment; and
- Not use family members/friends, anyone younger than 16 years of age or non-hospital personnel as "interpreters" unless the patient refuses the free language assistance provided.

(NYIC, 2006)

If the New York State Department of Health criterion of 1% is used in identifying languages other than English spoken in the 12 target communities included in this study, there is considerable variation in the number of languages so identified across communities (see Figure 37). While some communities, such as Haverstraw and Kingston, would only have to have

materials translated into Spanish, communities such as, Spring Valley and Yonkers would have to have materials translated into seven or eight languages.

Thus, the combination of an immigrant population with limited English proficiency coupled with health care organizations in the LHV which have few bi-lingual providers or trained medical interpreters, creates a situation which could potentially lead to serious consequences, such as medical errors or misdiagnoses. In addition, this situation creates frustration on the part of both the providers of the services and their clients as well as major barriers to access of health and social services for these newcomers to the LHV.

2. Cultural Influences

The immigrants' cultural background, beliefs and practices can also influence the health care interaction. For example, a majority of providers/key informants and study immigrants reported frequent use of CAM by immigrants in their communities. However, all three respondent groups also agreed that most immigrants tend not to be open about this use. Similarly, most key informants reported that providers were most likely to not be aware of CAM use and almost half of the study immigrants reported that their doctors felt uncomfortable discussing CAM use.

This apparent lack of communication between health care providers and their immigrant patients about the use of CAM may potentially lead to serious problems since the remedies used may interfere with the prescribed medical treatment and/or may be unsafe (Tasaki et al., 2002; Hsiao et al., 2006). In fact, this lack of disclosure of CAM use does not appear to be limited to immigrants. Other studies have found disclosure rates ranging from 43-63% of those studied (Flannery et al., 2006), although in a national survey of the US population, Latinos were the most likely to not tell their providers of their CAM use (68.5%) (Graham et al., 2005).

Good communication between provider and patient is considered essential to the development of trust and openness in the relationship (Tasaki et al., 2002). Better communication may also contribute to improved compliance with medical regimens (Morales, 2003). More than one-half of providers/key informants in this study felt that immigrants "sometimes/often" do not comply with treatment regimens, with most key informants attributing this to cultural issues. Furthermore, at least one-third of study immigrants reported that their physicians "do not explain things well"; this was particularly true for physicians in the ED.

3. *Cultural Competence of Health Care Providers*

Just as patients bring their language and cultural beliefs to the health care encounter, so do health care providers. The ability of the provider to “bridge the communication gap” is referred to as cultural competence and defined as “the ability of health care providers and health care organizations to understand and respond effectively to the cultural and linguistic needs brought by patients to the health care encounter” (Office of Minority Health as cited by Johnson et al., 2004). Recent approaches to cultural competency for providers focus on developing skills for “a patient-based approach to cross-cultural care” (Betancourt, 2006, p. 988). This approach includes understanding the meaning of the illness to the patient, the social context in which they live and negotiating with the patient to improve compliance (Betancourt, 2006). Moreover, Hudelson (2005) recommends that training for providers focus on increasing their awareness about possible sources that can lead to misunderstandings.

In fact, in order to ensure the development of culturally and linguistically appropriate services Bigby (2003) recommends structural changes that promote an organizational culture that is supportive of the endeavor. Some of her suggestions include: having a comprehensive management strategy to support culturally/linguistically appropriate services; implementing a strategy to recruit an ethnically diverse workforce including providers; including a voice for community input in health care planning, service delivery and evaluation; and providing on-going education and training in cultural/linguistic competence in service delivery for all staff.

It is interesting to note that when study immigrants were asked about suggestions for improving their community, their most frequently cited suggestions revolved around issues of cultural competency and were coded into the category of “access to health insurance and to more culturally competent health care”. Similarly, key informants were approximately three times more likely than providers to indicate the need for cultural training of providers.

B. Other Barriers to Access of Health Care

Although language was the most commonly cited barrier among all respondents, transportation and financial barriers were second and third. Both of these barriers are not particular to immigrants, but also apply to other low-income residents of the target communities and other similar communities in the LHV. Transportation issues were reported especially under circumstances where immigrants were referred to services outside of the community of residence, as in the case of specialty or social services. Similarly, financial barriers were

reported by providers/key informants as affecting all immigrants, but particularly the undocumented.

Moreover, financial barriers were most likely to be reported for accessing specialty services. These findings are consistent with others which have found that “minority groups...face structural barriers with regard to referrals to specialists” (Betancourt et al., 2003, p. 297). This appears to be particularly true for Latinos, where for example, a national survey reported that 22% of Hispanics as compared to 8% of Non-Hispanic Whites had a “major” problem accessing specialty care (Collins et al., 1999 as cited in Betancourt et al., 2003). In addition, when immigrants interviewed for this study were able to receive a specialty appointment, more than one-fifth reported having to wait more than one month to see the specialist.

A service area that was most likely to be cited by providers/key informants as lacking access to recent immigrants in their communities, was mental health services. These respondents felt that overall there were insufficient mental health services available, but also that immigrants faced transportation, financial and linguistic/cultural barriers in accessing them. As was described above, the lack of language assistance/bi-lingual providers and culturally competent providers poses potential problems to physical health. These issues are likely exacerbated in the area of mental health services.

Financial barriers as well as lack of awareness of options were reported by providers/key informants in this study as the main reasons for ED use for non-emergent care by immigrants in their communities. Study immigrants were most likely to report the lowest satisfaction with care at the ED, the least likely to have translation assistance or a bi-lingual provider and the ED providers were the least likely to be reported as culturally competent. Study immigrants were also more likely to identify ED providers as least likely to explain things well and least likely to let them ask sufficient questions.

C. Immigrant Health

Although much has been written about the “healthy immigrant effect”, where the health of recent immigrants has been found to be better than similar native-born individuals (McDonald & Kennedy, 2004), this study did not find this to be true among the study immigrants. For example, more than one-third of study immigrants rated their health as “fair” or “poor”. This is three times higher than what was reported for the US population as a whole in 2005 (Pleis & Lethbridge-Cejku, 2006) (see Figure 38). (It should be noted that this study used the exact same question that is used by the National Health Interview Survey from which the comparison data are drawn.) Consistent with findings from this study, a similar rate of fair/poor self-reported health (30%) has been

found in a recent study of Mexican immigrants in New York City (Stongarone, 2005).

This high rate of “fair/poor” self-reported health is surprising given the relatively young age of study immigrants (85% were less than 40 years of age) as compared to the US population sample which includes all ages, including the elderly. On the other hand, this rate is supported by the fact that at least 40% of study immigrants also reported having a health problem. Providers/key informants were most likely to report diabetes, hypertension, TB, mental health, obesity, alcoholism, domestic violence and occupational injuries as the most common health problems for recent immigrants. The study immigrants also reported diabetes, hypertension, kidney/liver and gastro-intestinal problems and “pain”.

Another component of the “healthy immigrant effect” is that immigrants’ health has been found to get worse the longer they have been in the US (McDonald & Kennedy, 2004). In order to assess whether this was also true for study immigrants, self-reported health was compared for those who had been in the US for less than five years with those who had been here for 5-10 years. The results indeed show that those who had been here longer were almost twice as likely to report “fair” or “poor” health (see Figure 38). Again, the same pattern has been found in the previously mentioned study of Mexican immigrants in NYC using the same five-year cutoff (Stongarone, 2005).

An area of particular relevance to recent immigrants is that of stress and mental health issues. Both providers and key informants reported that depression and alcoholism were important issues in this target population (see Figure 28). In fact similar to the response to overall health, more than one-third of study immigrants reported “fair/poor” mood (see Figure 26) and almost all found it “difficult” for immigrants to live in their community. The most important sources of stress identified by the providers/key informants are: loss of family support, undocumented status, trauma of immigration, and cultural isolation (see Figure 28).

A further issue of relevance is the knowledge and behaviors among recent immigrants regarding preventive health practices. Others have reported that the concept of preventive care is not familiar to some Latino immigrants (Aguirre-Molina & Pond, 2001). Not surprisingly then, approximately two-fifths to one-half of providers/key informants in this study reported that recent immigrants had low/minimal knowledge about prevention and did not engage in preventive health behaviors. In contrast, fewer than one-third of study immigrants felt that they had such low knowledge in this area.

However, there was wide variability in their degree of knowledge depending on the preventive health practice. They tended to be more knowledgeable about: childhood immunizations, not smoking, timely prenatal care, and pregnancy prevention. They were least knowledgeable about: TB screening, mammograms, STI protection and adequate exercise. Thus, it appears that either immigrants are more aware of some preventive health practices from their home country or health providers in the LHV are emphasizing or communicating better about some over others. It appears that more emphasis needs to be placed on providing health education about several preventive health practices.

Similarly, almost one-half of study immigrants reported going to the doctor only when they were sick, with two-fifths of the males being reported as never having had a check-up.

Thus, these issues of poor physical and mental health in at least one-third of study immigrants coupled with the aforementioned barriers to health care access do not bode well for the well-being of this population. As the data show, the longer these immigrants are in the US, the more likely it becomes that their health will worsen. This is likely to be exacerbated by their limited knowledge about common preventive health behaviors and the tendency of many, especially the men, to not see a doctor for a periodic check-up.

D. Other Issues

Most providers and key informants identified housing as the most important non-health issue affecting immigrants in their communities. In particular, the high cost and crowded and substandard conditions were identified as the most important challenges. The study immigrants on the other hand, focused on poor transportation, language barriers and discrimination, and violence in their communities.

When asked for suggestions for improving their communities, study immigrants listed better transportation, access to health insurance and culturally competent health care, more jobs, and a desire for greater cultural sensitivity by community members. Providers and key informants had somewhat different suggestions to make. Their top four issues were: improving existing health care services, increasing the amount of health education provided, recruiting more multilingual/multicultural staff, and building coalitions and empowerment. Providers did, however, emphasize the need for changes to health insurance and training of medical interpreters, while key informants were more likely to emphasize the need for cultural training of providers.

E. Study Limitations

This study has some limitations. First, the providers/key informants were selected by virtue of their high frequency of interaction with recent immigrants in the target communities, however, not all who met that criterion were ultimately interviewed. This was mostly due to either scheduling difficulties or because they were too busy to be interviewed. Second, the immigrants interviewed for this study were not selected using probability sampling and therefore their findings cannot be generalized to all recent immigrants residing in the LHV. This is also true for the comparisons by country of origin. Finally, although much of the data obtained from the three respondent groups corroborated each other, some of the “impressions” reflect the opinions of those individuals and may not necessarily be shared by others.

V. RECOMMENDATIONS/CONCLUSION

Based on the information gathered through this study, several recommendations can be made.

A. Compliance with New York State Department of Health Regulations

- Hospitals need to begin to comply with the latest New York State Department of Health regulations regarding language assistance as soon as possible. A guide for developing a plan for communicating with patients with limited English proficiency has been designed by the National Association for State Work Force Agencies (NASWA) (2003) and can be used as a model to guide health care organizations in developing and implementing such a plan.
 - Estimate the number of patients to be served;
 - Consider the types of potential contact points – appointments, pharmacy, ED, etc – and assure language assistance for all contacts
 - Consider options for oral interpretation, for example – recruit bi-lingual providers, train existing bi-lingual staff, contract with trained medical interpreters;
 - Consider options for written translations – identify critical documents, standardize and simplify all documents, translate into most frequent languages;
 - Keep costs down by: centralizing interpreter/translation services for economies of scale; sharing language assistance and health education materials with others; and pooling resources regionally.

- Although the NYS Department of Health regulations regarding language assistance currently apply only to hospitals, the model should be considered by other providers, such as primary care, specialty and mental health providers to improve communication and linguistic access.

B. Language Access

- Every effort should be made by health care and social service organizations to recruit bi-lingual providers and staff. Other options to consider include: training existing bi-lingual staff as medical interpreters; increasing the foreign language skills of clinicians; contracting with community-based organizations to provide interpreter services; using telephone interpreter lines; and using trained community volunteers.
- Pool resources regionally in terms of the training of medical interpreters, possibly sharing/contracting with medical interpreters, and sharing of translated educational materials may assist providers in the LHV to meet these challenges in a more cost efficient manner.
- Signage in health care organizations should also be made more accessible possibly through the adoption of universal symbols which do not require translation, such as those developed by Hablamos Juntos (2005), and which may be helpful to all patients.

C. Cultural Competence

- Providers in the LHV – including primary care, specialty and mental health providers - should be encouraged to participate in training to develop skills in patient-based approaches to cross-cultural care. Development of such training on a regional or county-wide basis may be a cost-effective approach to expanding the cultural competency of LHV providers.
- Periodic regional conferences for health and social service providers could perhaps serve as a forum for providing continuing education regarding cross-cultural care and promotion of culturally appropriate health care services.

D. Improving English Language Skills and Providing Support to Recent Immigrants

- Communities should be encouraged to institute/expand English as a Second Language (ESL) services in communities with concentrations of recent immigrants. These ESL classes could also provide a basic orientation to the local health care system to provide an additional source of information as to where health services can be obtained.
- Communities, social and religious organizations, and local coalitions should be encouraged to consider the provision of social support to recent immigrants and to develop mechanisms for support of immigrants over the long-term to help protect against decline in immigrant health status over time.

E. Health Education

- Primary health providers should focus more health education and health education materials in the areas of preventive health where immigrants were identified by this study to have low/minimal knowledge.

F. Outreach to Males

- Outreach services should make every attempt to reach males, who were identified by this study as rarely seeking health care, especially preventive health care.

G. Mental Health Services

- Special emphasis should be placed on developing and sustaining culturally and linguistically competent community mental health services to address some of the mental health issues, such as depression and stress arising from the trauma of immigration identified by this study.

H. Strategic Planning

- Health and social service organizations should consider including a mechanism for incorporating immigrants to provide community input for planning, service delivery and evaluation of health services. This may help to provide information and improve

awareness of issues for both the health care providers and community members.

- To assist local communities and health care providers in meeting the needs of their newest neighbors, it is recommended that county-level and regional-level work groups be established, possibly at the initiative of the county health officers. These workgroups should include all the relevant stakeholders – providers, community leaders, health department staff, ESL administrators, recent immigrants – to work together to address some of these issues. By pooling resources at a county and/or regional level, then the financial cost and implementation arrangements can be shared across many organizations to make the adoption of these recommendations more feasible.
- Periodic assessments should be conducted within each county to monitor the potentially changing countries of origin of immigrants to allow for appropriate planning of culturally and linguistically appropriate services. This information could perhaps be disseminated through the workgroups discussed above.

I. Further Research

- Further research is needed, especially in terms of identifying the specific risk factors that lead to young immigrants reporting multiple health problems and poor physical and emotional health and to the decline in immigrant health status over time.

J. Conclusion

If communities and health providers focus on addressing issues that will lead to better communication between providers and immigrants, ultimately that should lead to better compliance, reduced costs and better health status for immigrant populations. Although many of these recommendations are derived from a study which was focused specifically on recent immigrants, some of the recommendations such as increased coordination and communication across agencies will likely benefit all clients, regardless of background.

Finally, the immigrant population to the LHV is continuing to grow. In fact, the latest data show that the foreign born population in three of the seven counties (for which data are available) in the LHV increased by approximately 12%, with one county (Orange) seeing an approximate 28% increase, between 2000 and 2005 (US Census, 2005; US Census 2000). These figures parallel a national increase of 16.3% during the same period (Pew Hispanic Center, 2006).

Given the increasing immigrant population, the issues identified by this study will most likely continue to worsen unless there is a coordinated regional effort to address these issues.

The New York State Department of Health in developing state-wide regulations for language assistance has begun a process that potentially could place New York State as a national model for addressing barriers to health care and improving the health of our newest neighbors. It is up to the stakeholders of the LHV to take a proactive approach to addressing these issues.

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Immigrant Health Study

Appendix A

Tables and Figures

School of Public Health, New York Medical College

Table 1
Twelve Selected Zip Codes by County and Municipality

<u>County</u>	<u>Municipality</u>	<u>Zip Code</u>
Dutchess:	Poughkeepsie City	12601
Orange:	Newburgh	12550
Putnam:	Brewster	10509
Rockland:	Haverstraw	10927
	Spring Valley	10977
Sullivan:	Monticello	12701
Ulster:	Kingston	12401
Westchester:	Mount Kisco	10549
	Mount Vernon	10550
	Port Chester	10573
	Sleepy Hollow	10591
	Yonkers Southwest	10701

Table 2
Foreign Born Recently Arrived (1990-2000) for Lower Hudson Valley
(LHV) and Twelve Selected Zip Codes by County

	TOTAL LHV			12 TARGET ZIP CODES		
COUNTY	N	%		ZIP	N	%
Dutchess	7,679	6.3		Poughkeepsie	2,660	6.7
Orange	9,082	7.5		Newburgh	3,247	8.2
Putnam	2,464	2.0		Brewster	839	2.1
Rockland	19,024	15.6		Haverstraw Spring Valley	8,340	21.1
Sullivan	1,515	1.2		Monticello	423	1.1
Ulster	2,703	2.2		Kingston	526	1.3
Westchester	79,184	65.1		Mt. Kisco PtChester Sleepy Hollow	23,513	59.5
Total LHV	121,651	100.0		Total Selected Zip Codes	39,548	100.0

Source: 2000 Census

Figure 1
U.S. Immigrant Population: 1900-2002

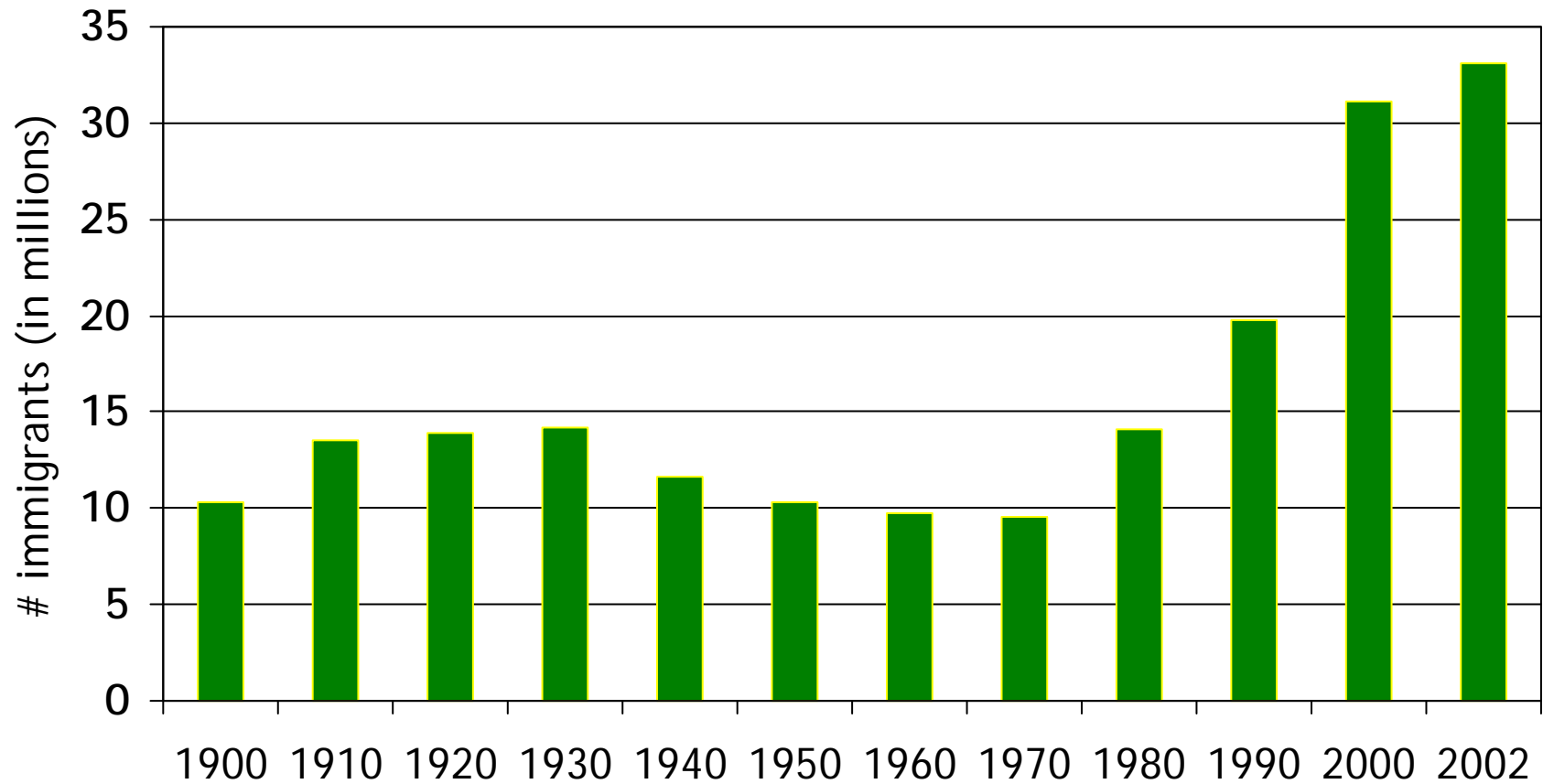


Figure 2
US Foreign Born by Settlement Location: 2000

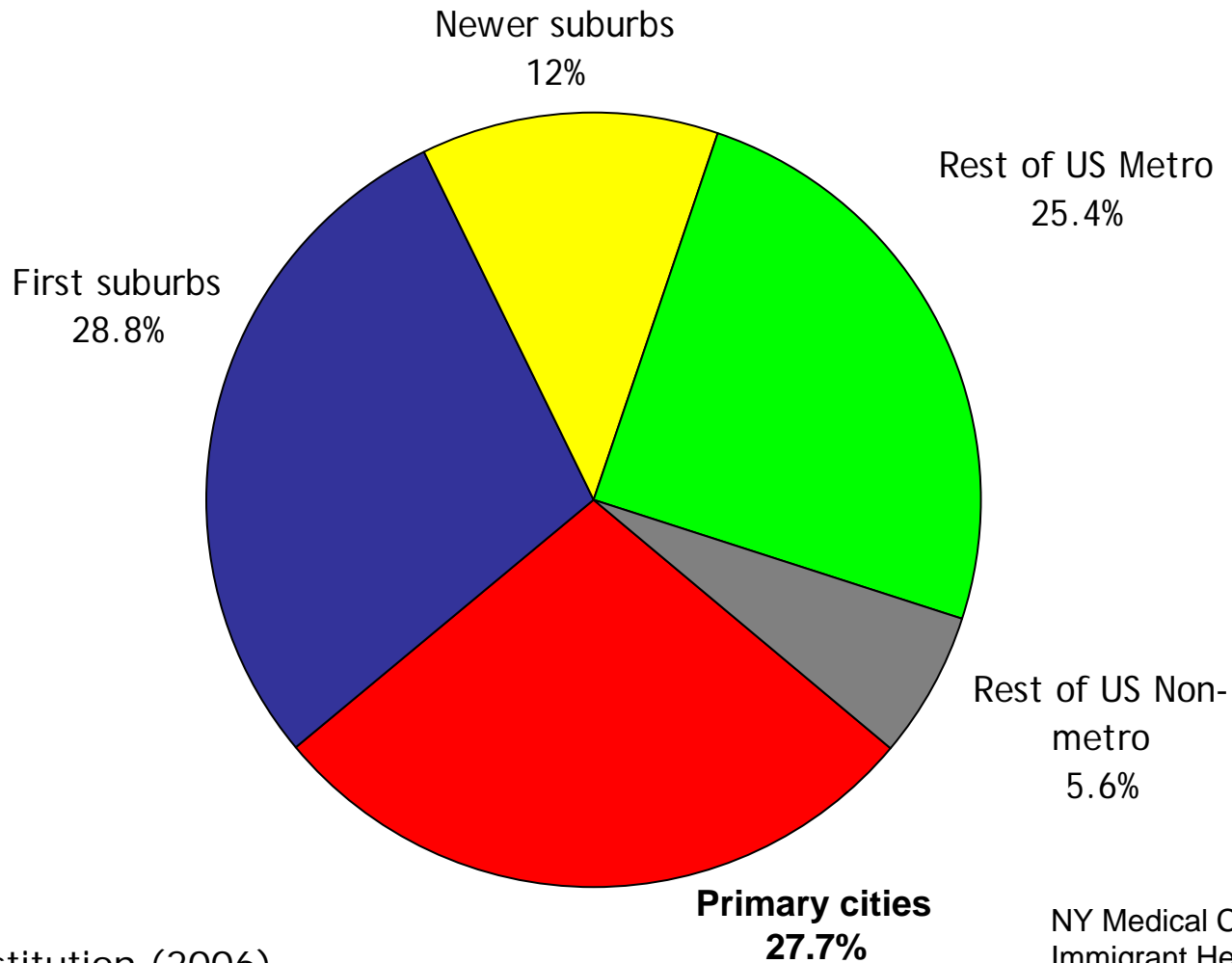


Figure 3

Percent FB by County

NY Metropolitan Region 2000

NYC Dept of City Planning
(2004)

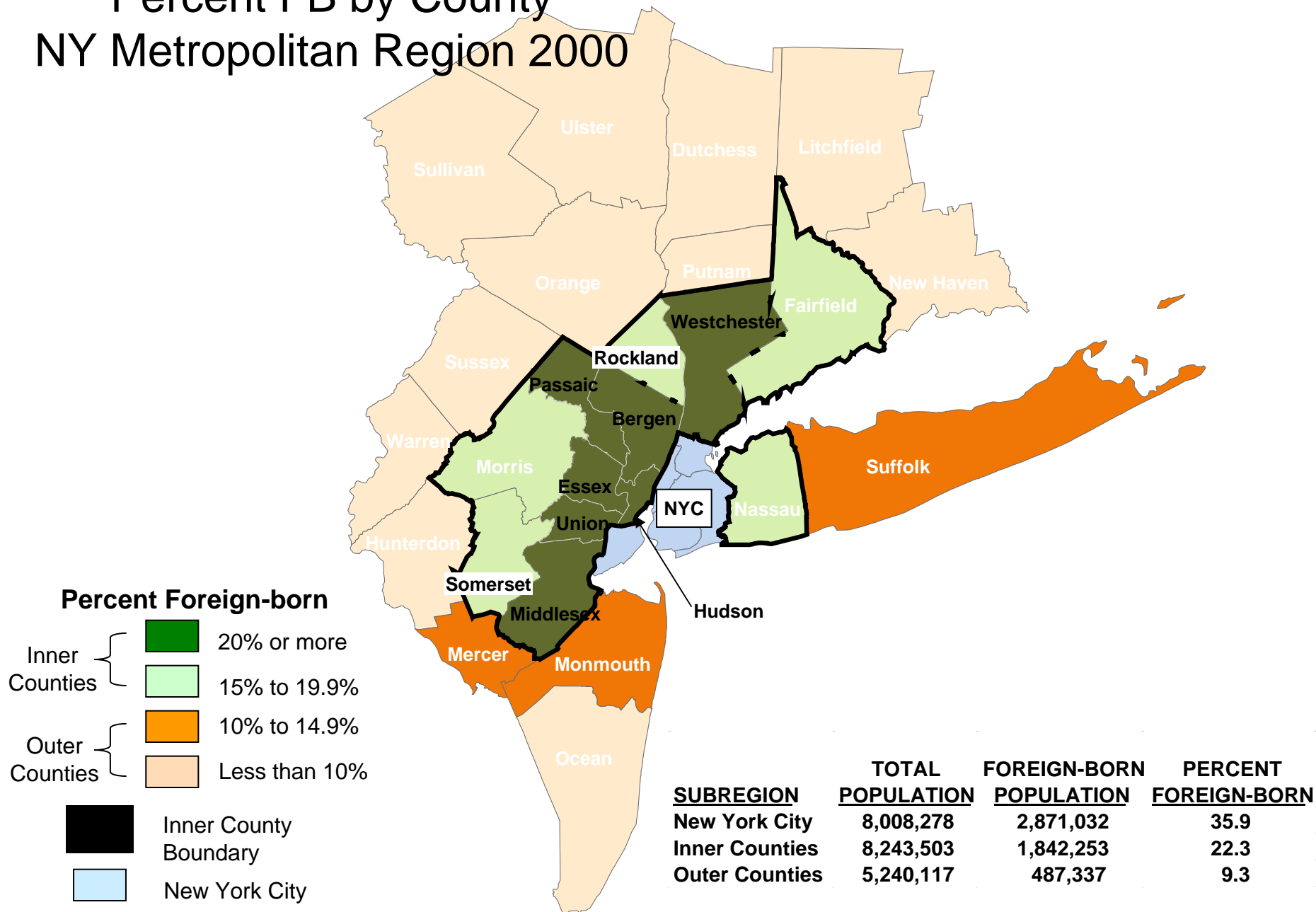


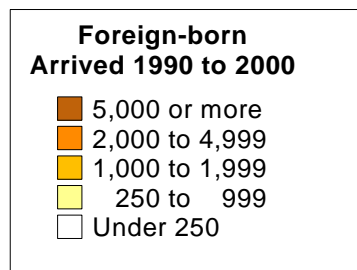
Figure 4

NYC Dept of City Planning (2002)

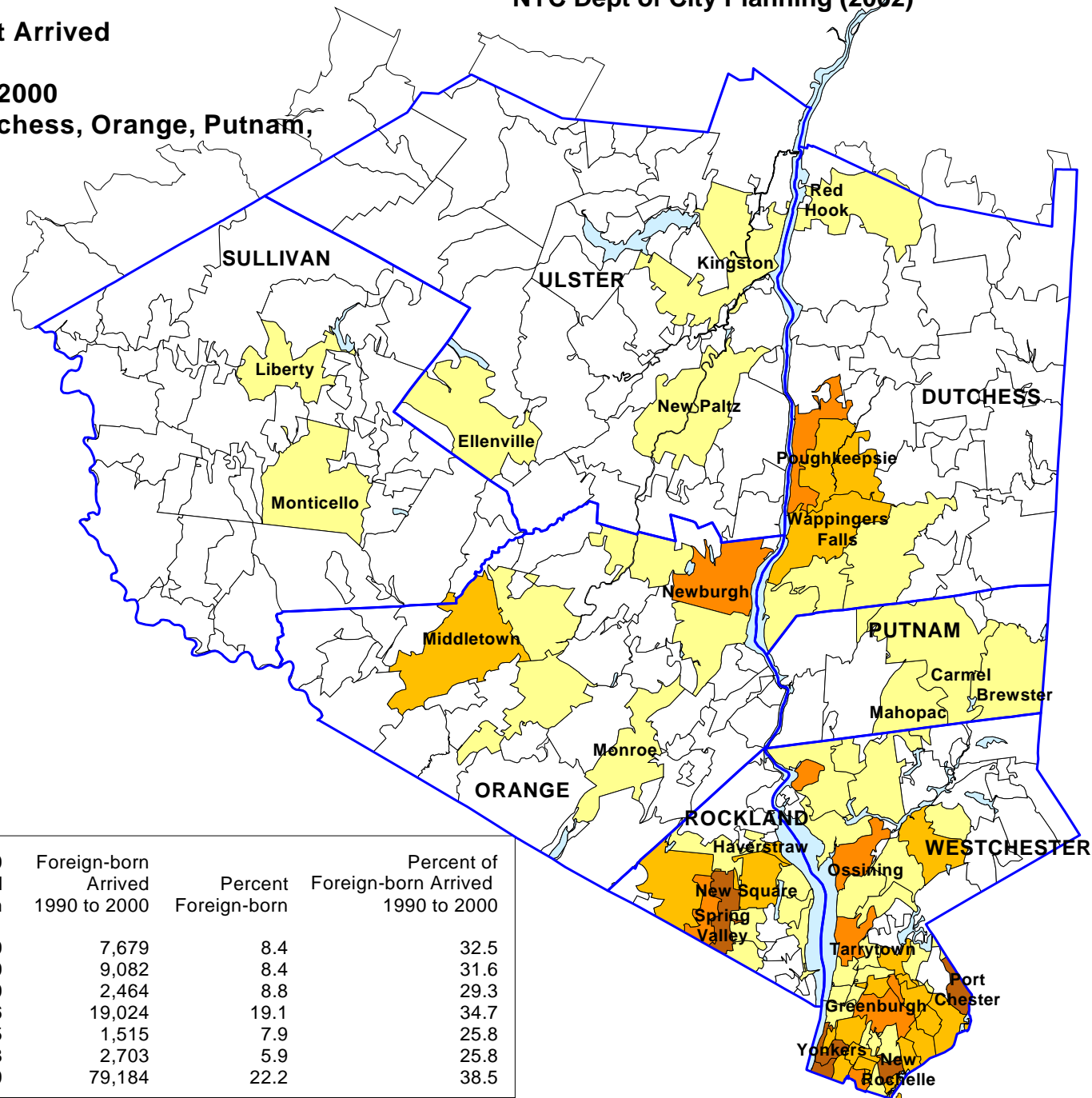
Foreign-born Population That Arrived Between 1990 and 2000

by ZIP Code of Residence in 2000

Hudson Valley Counties (Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester Counties)



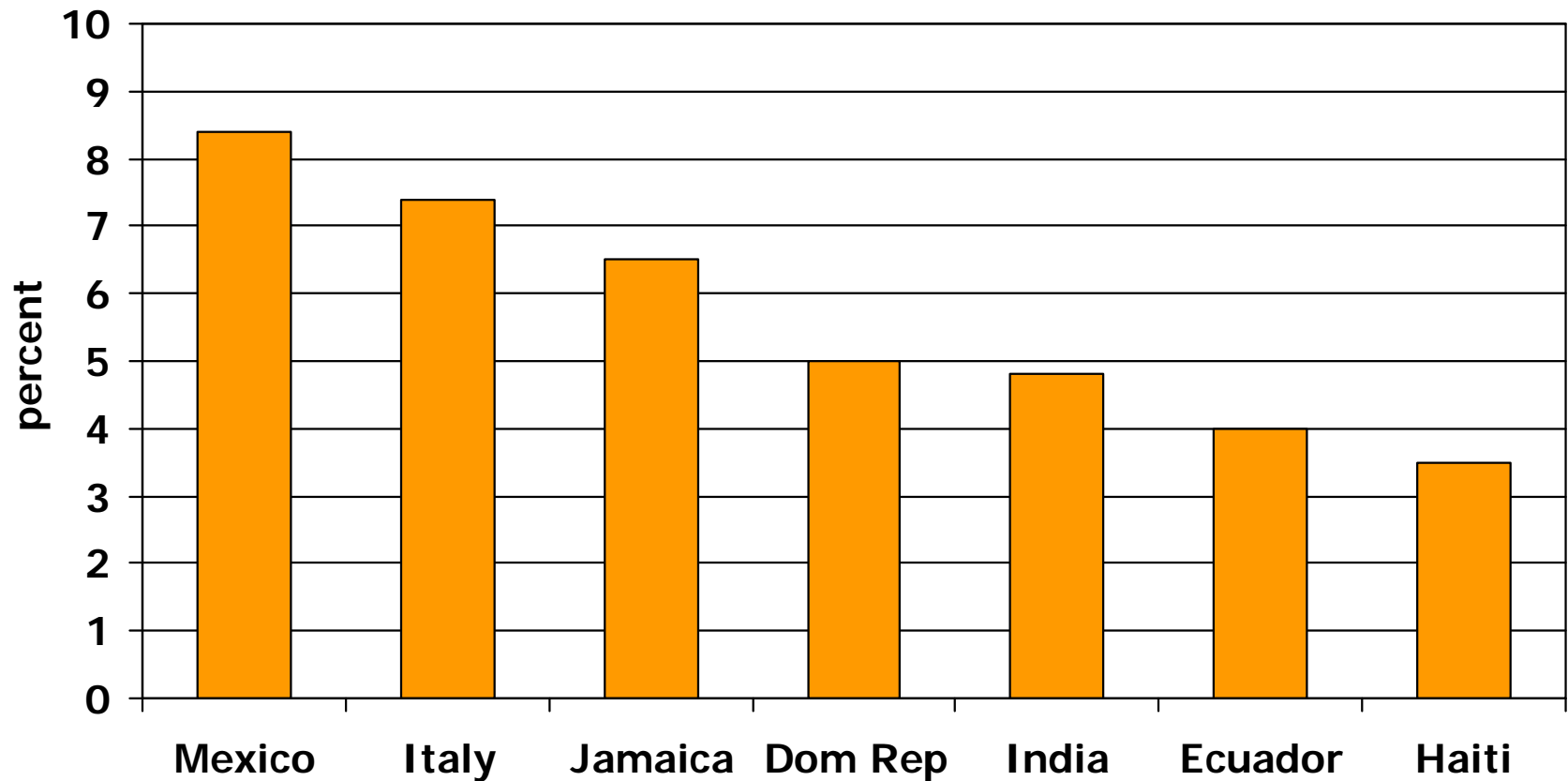
County boundary



COUNTY	2000 Total Population	2000 Total Foreign-born	Foreign-born Arrived 1990 to 2000	Percent Foreign-born	Percent of Foreign-born Arrived 1990 to 2000
Dutchess	280,150	23,600	7,679	8.4	32.5
Orange	341,367	28,710	9,082	8.4	31.6
Putnam	95,745	8,420	2,464	8.8	29.3
Rockland	286,753	54,766	19,024	19.1	34.7
Sullivan	73,966	5,875	1,515	7.9	25.8
Ulster	177,749	10,468	2,703	5.9	25.8
Westchester	923,459	205,429	79,184	22.2	38.5

Figure 5
Top Countries of Origin
in Lower Hudson Valley - 2000

Total Foreign-Born = 337,268

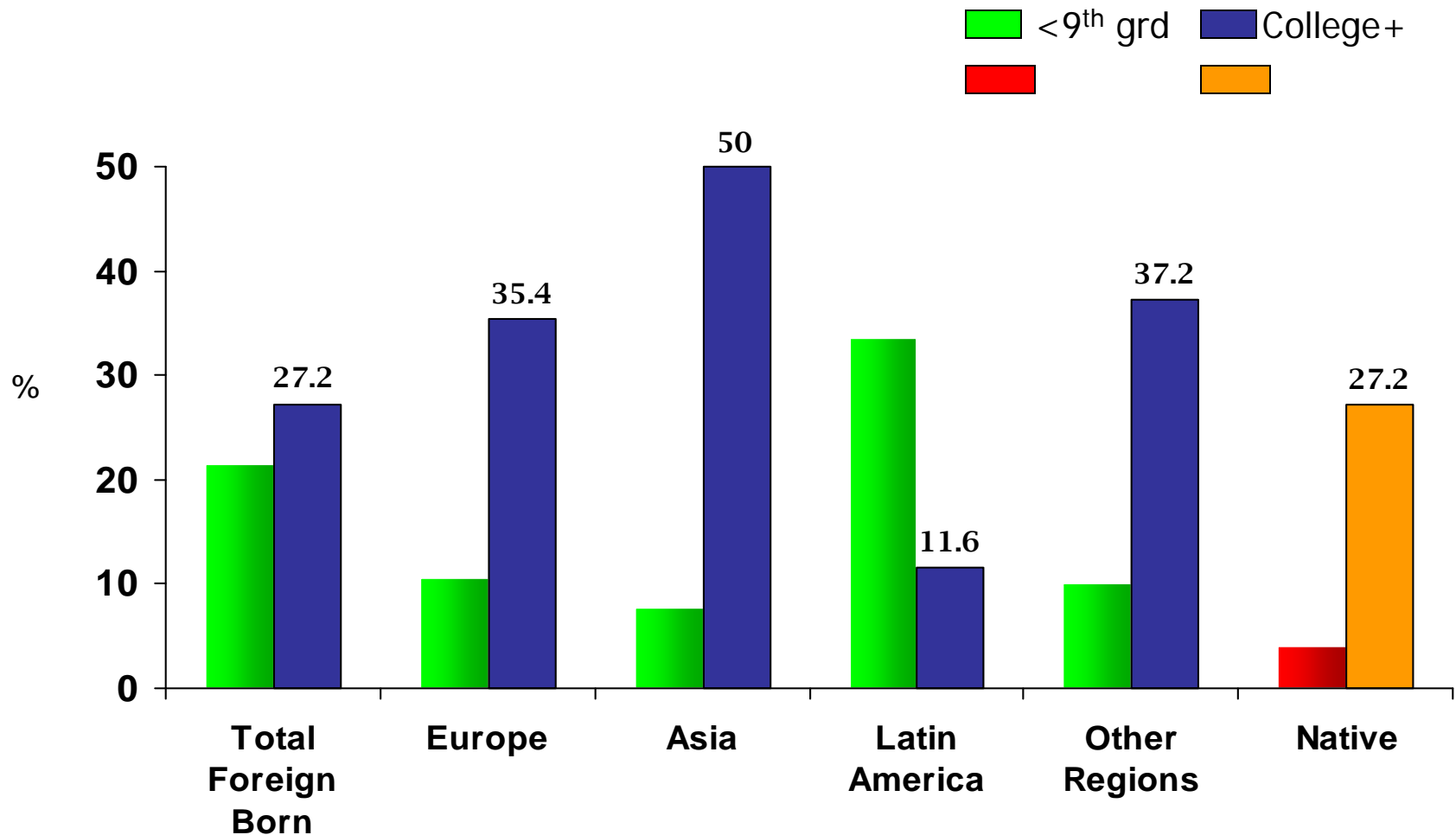


Total population = 2,179,189

Figure 6

Percent of Population with < 9th Grade or Bachelor's Degree or Higher by World Region of Birth: 2003

(Population 25 years and over)



Source: Current Population Survey,
Annual Social and Economic Supplement, 2003

NY Medical College-SPH
Immigrant Health Project
8/31/07

Figure 7
Race/Ethnicity of Providers and
Key Informants Participating in Study

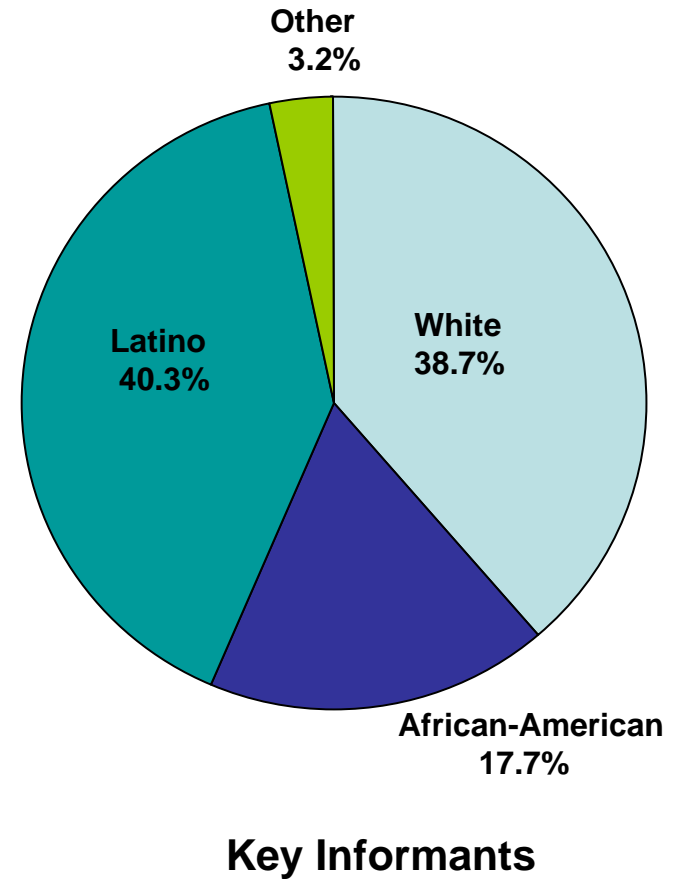
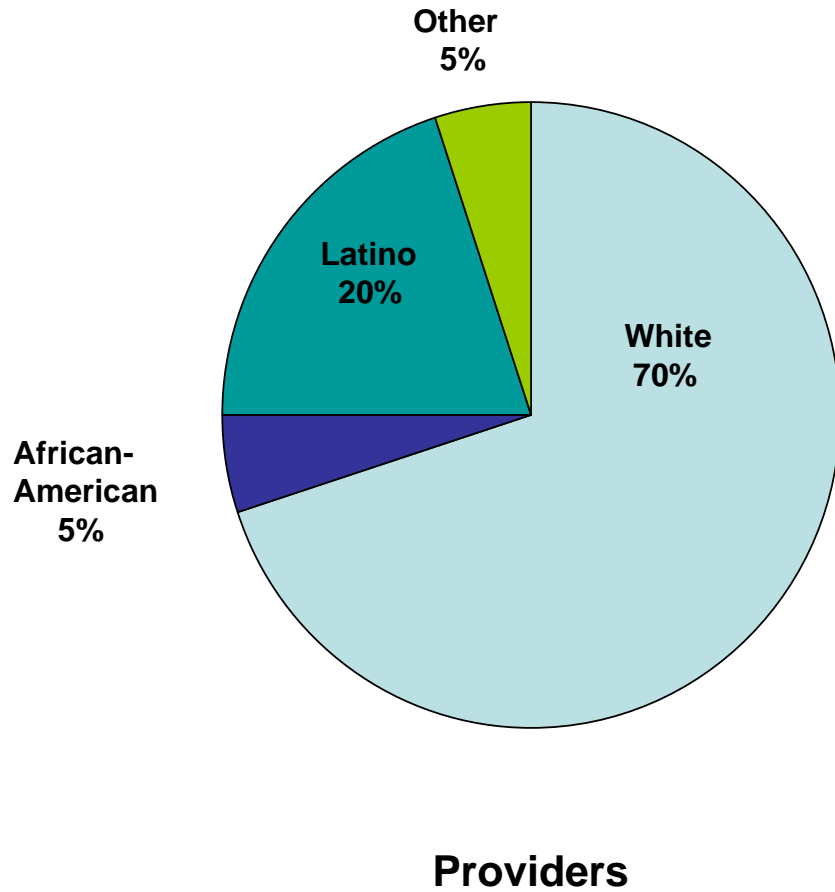


Figure 8
Self-Reported English Proficiency of
Study Immigrants

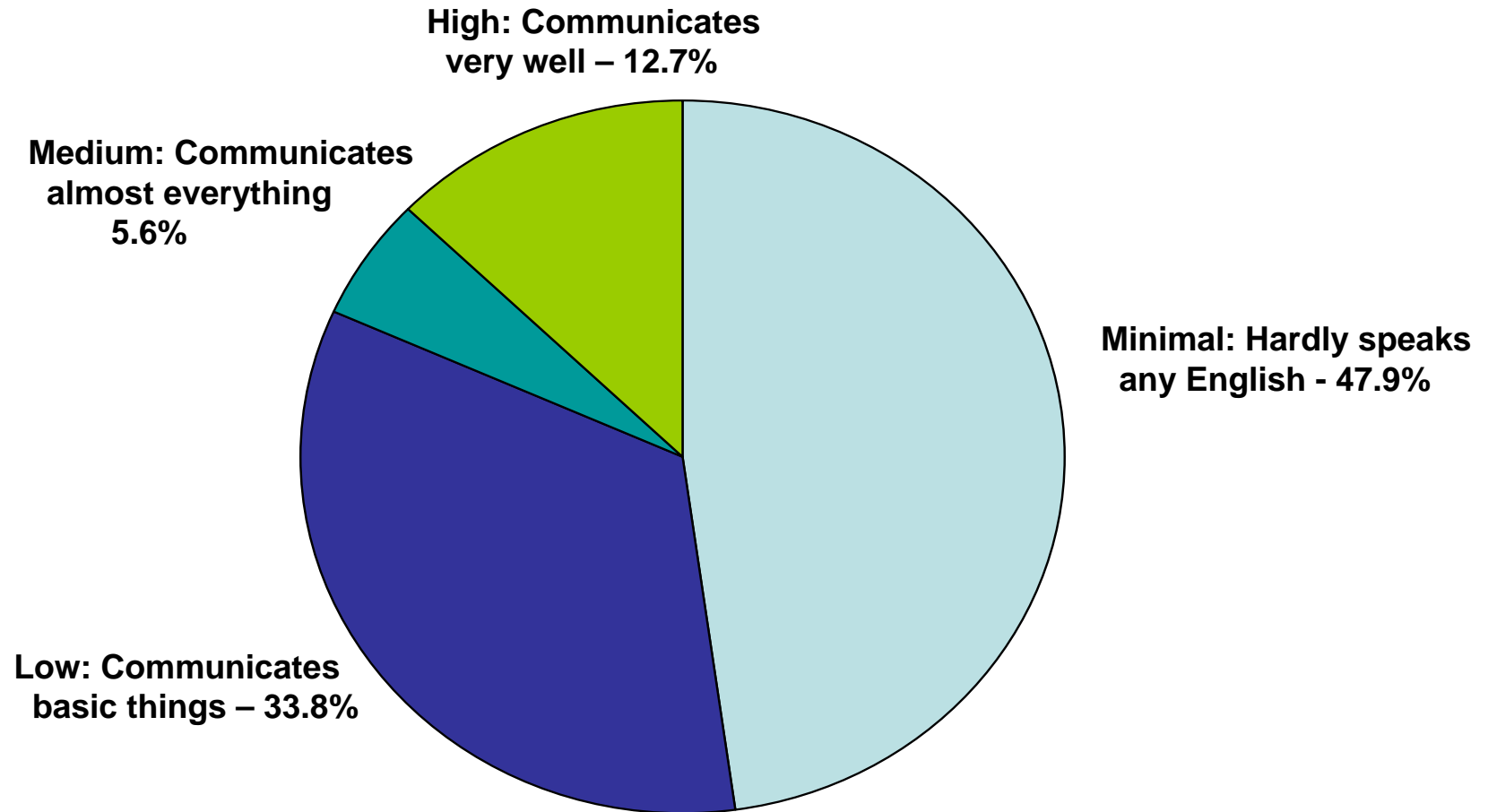


Figure 9
Region of Origin of Study Immigrants

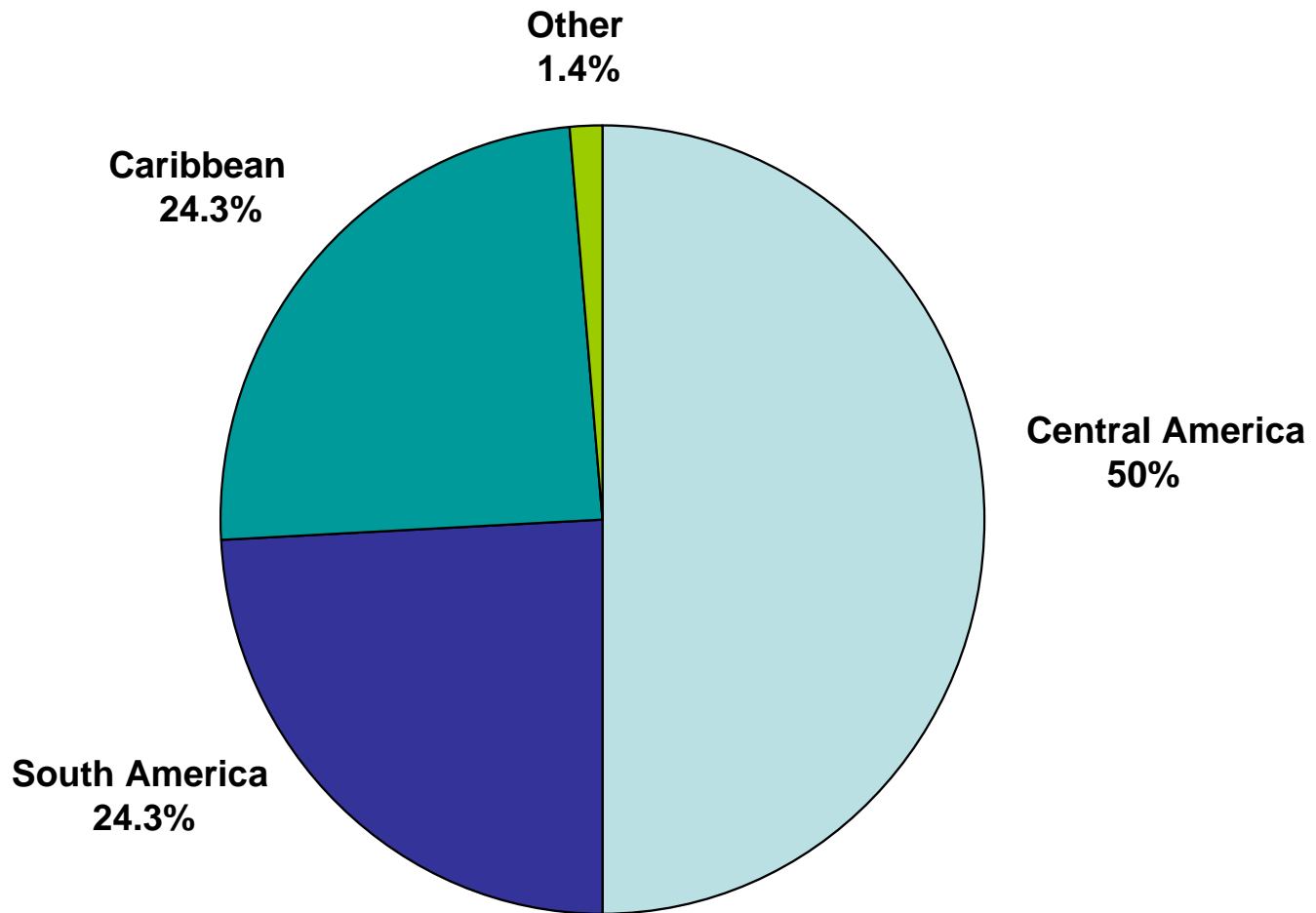


Figure 10

Average Household Size of Study Immigrants by Country of Origin

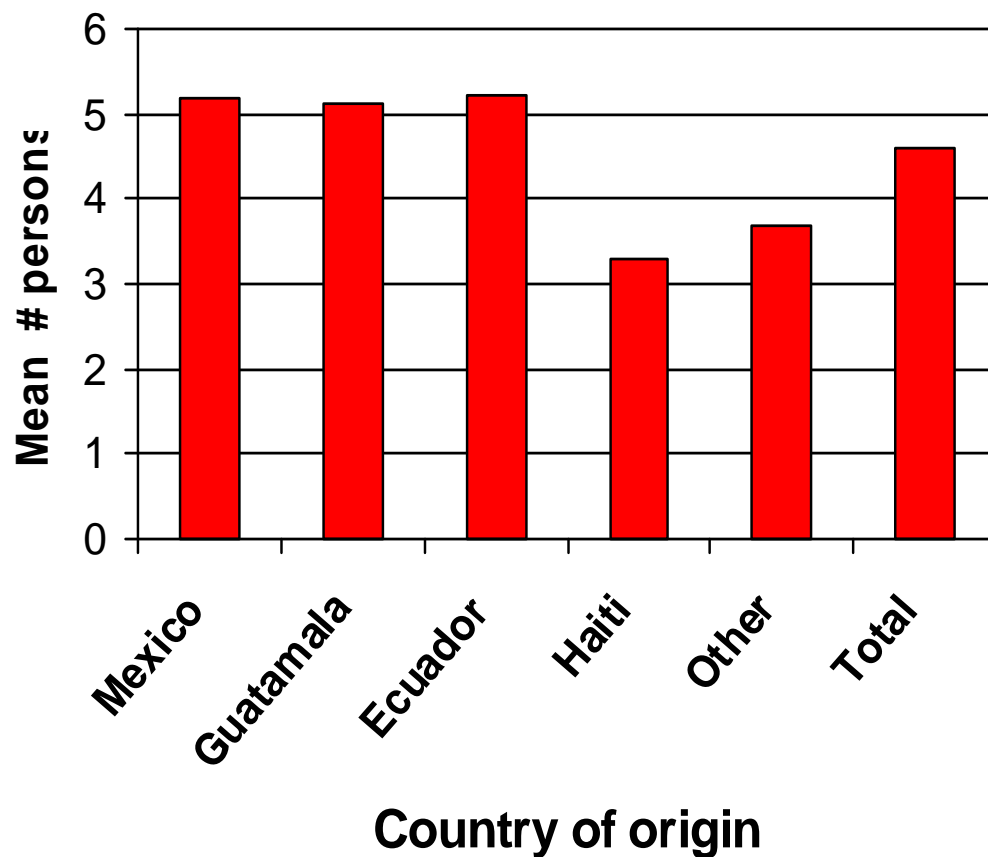


Figure 11

Percent of Study Immigrants With Self-Reported Minimal/Low English Proficiency by Country of Origin

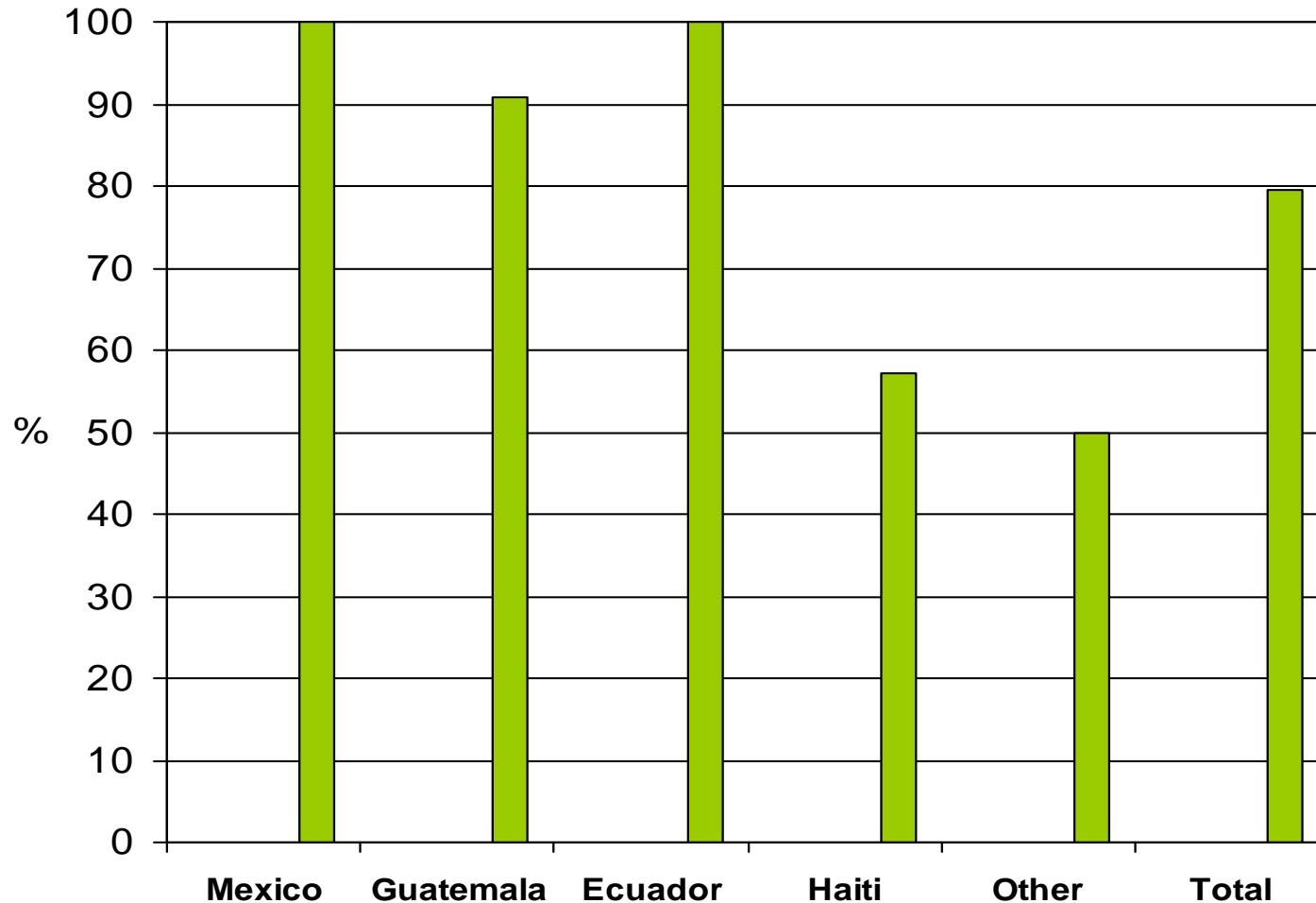


Figure 12

Average Number of Years in US and Target Community by
Country of Origin of Study Immigrants

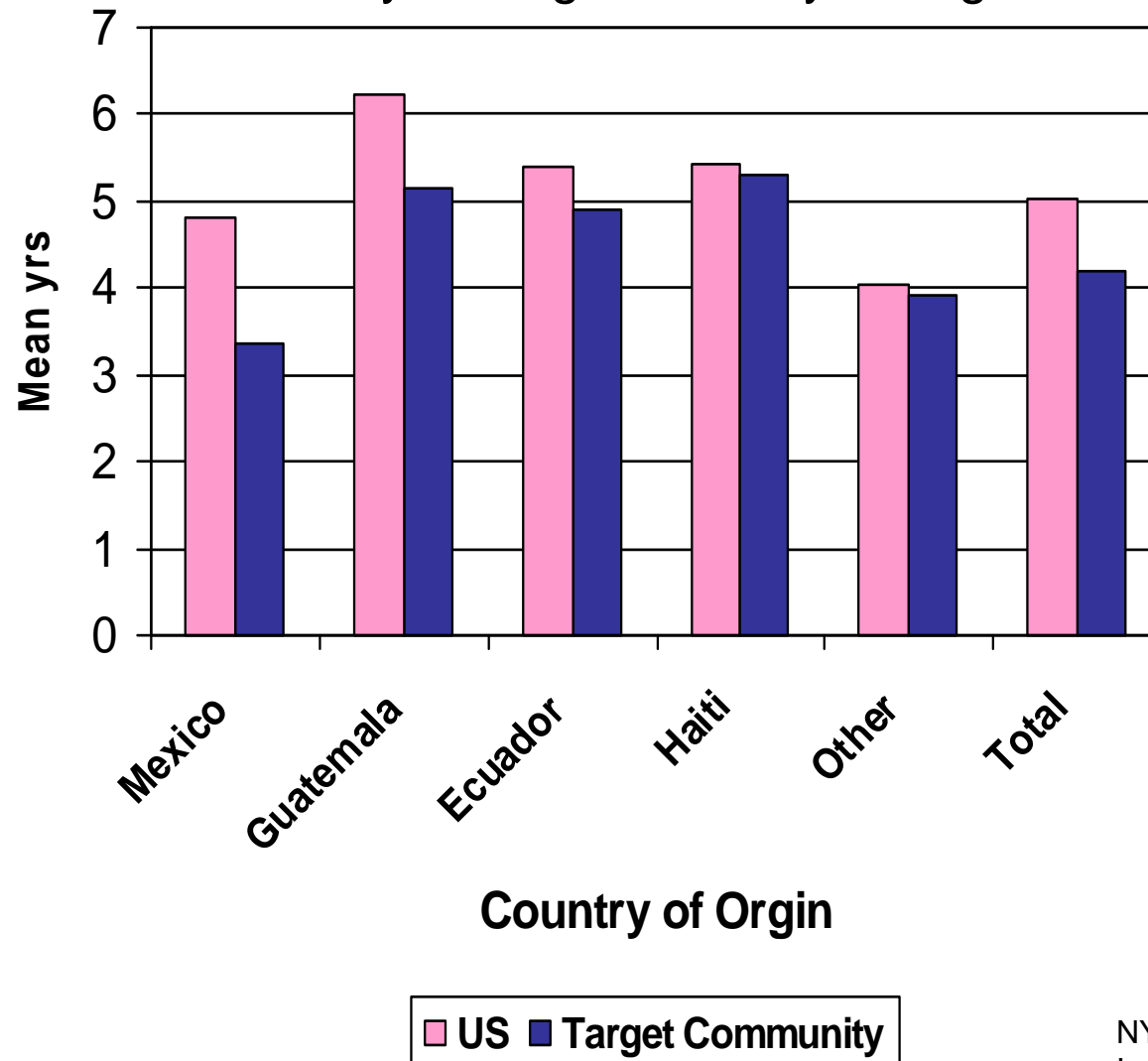


Figure 13

Barriers for Accessing Specialty Services
by Recent Immigrants as Reported by
Providers/Key informants

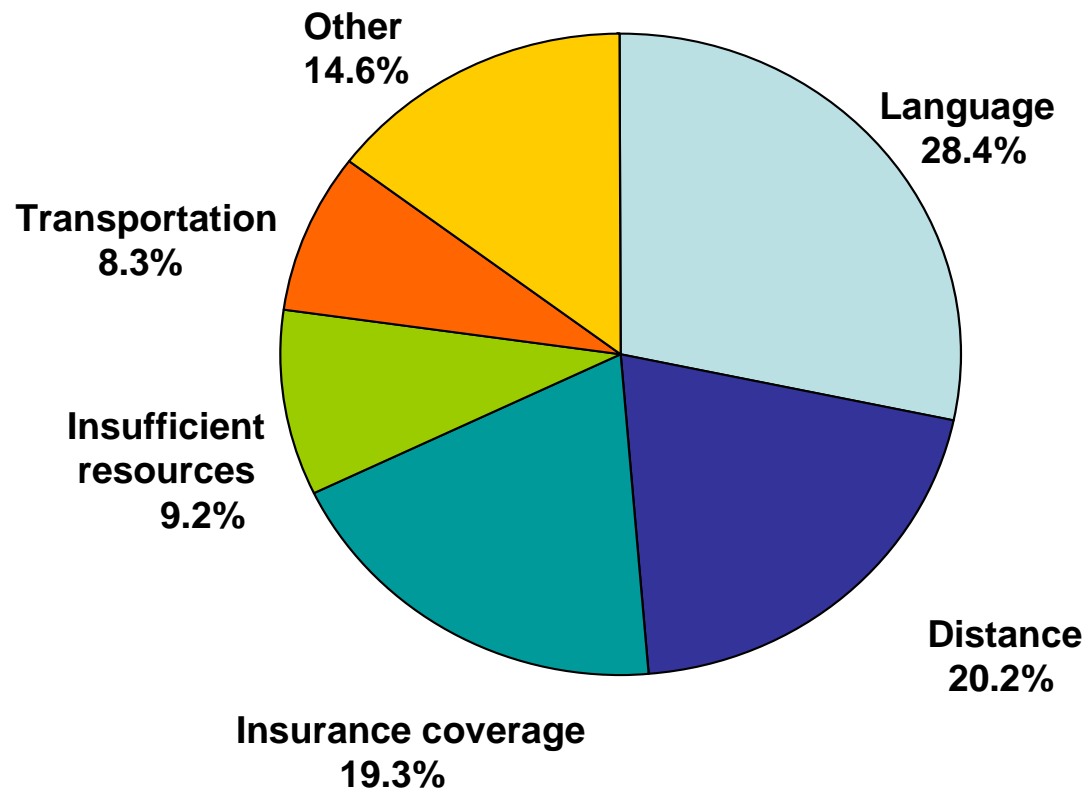


Figure 14

**Most Common Ways that Immigrants Learn
About Health Services as Reported by
Providers and Key Informants**

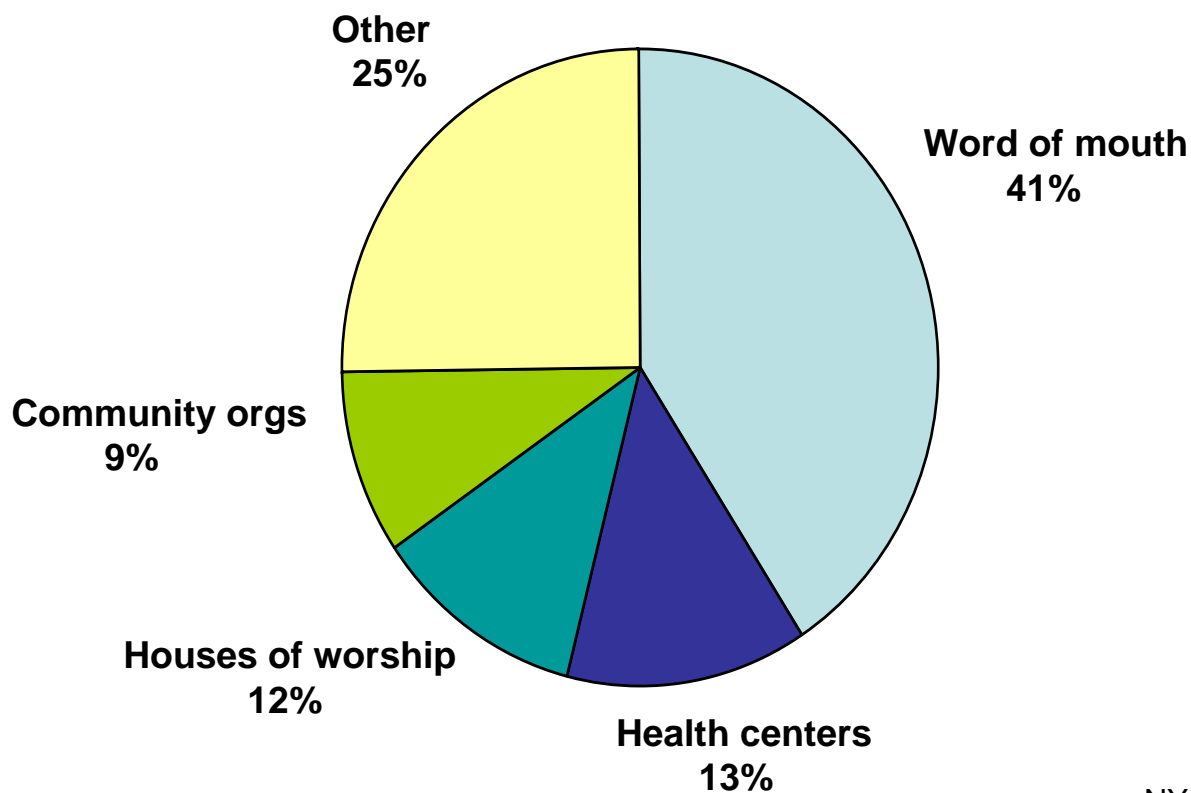


Figure 15

Frequency of ED Use by Recent Immigrants as
Reported by Providers/Key Informants and
Study Immigrants

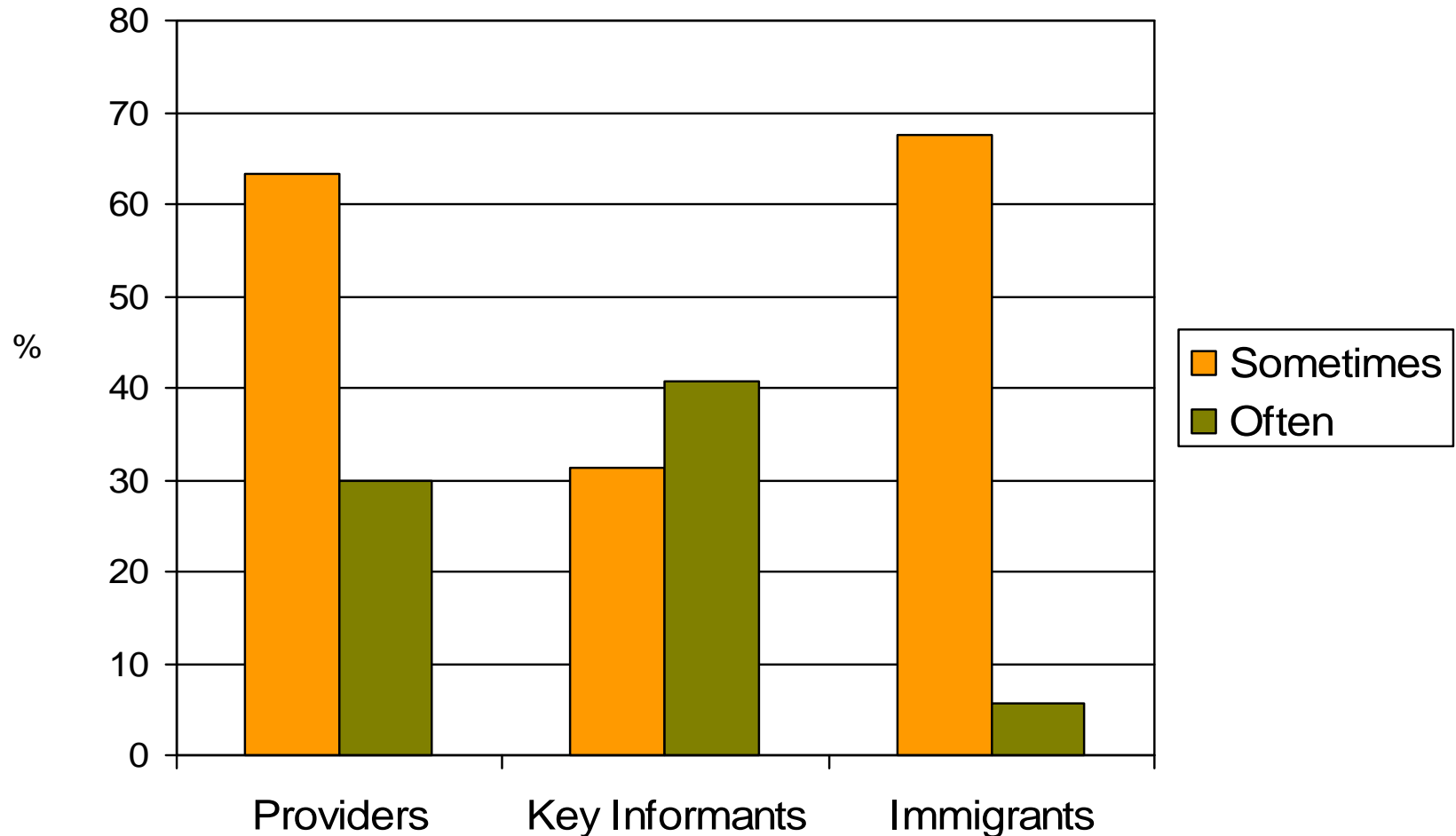


Figure 16

Reasons that Recent Immigrants Use the ED as Reported by
Providers/Key Informants

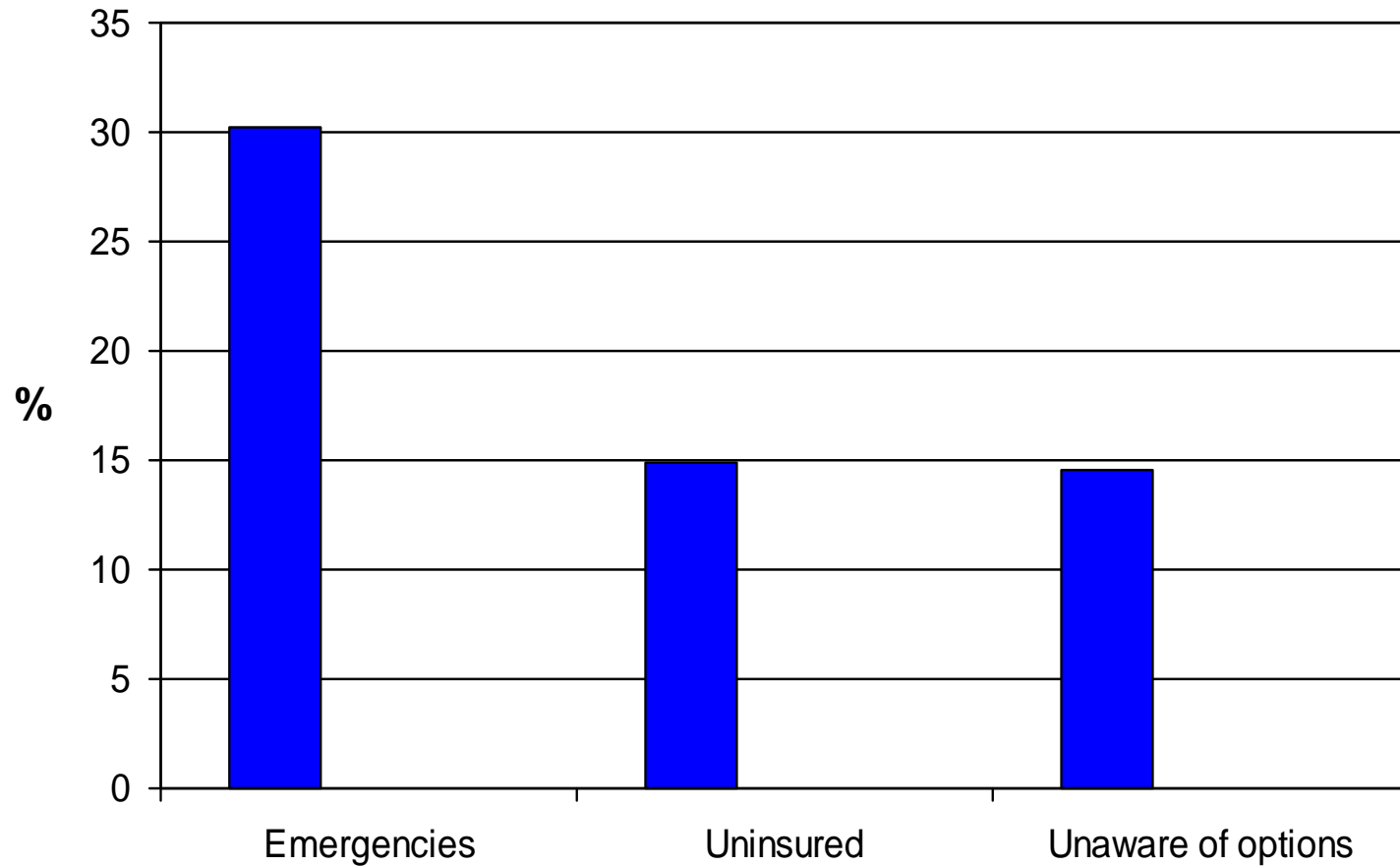


Figure 17
Satisfaction of Recent Immigrants with Health Care
Services As Reported by Key Informants and Study
Immigrants

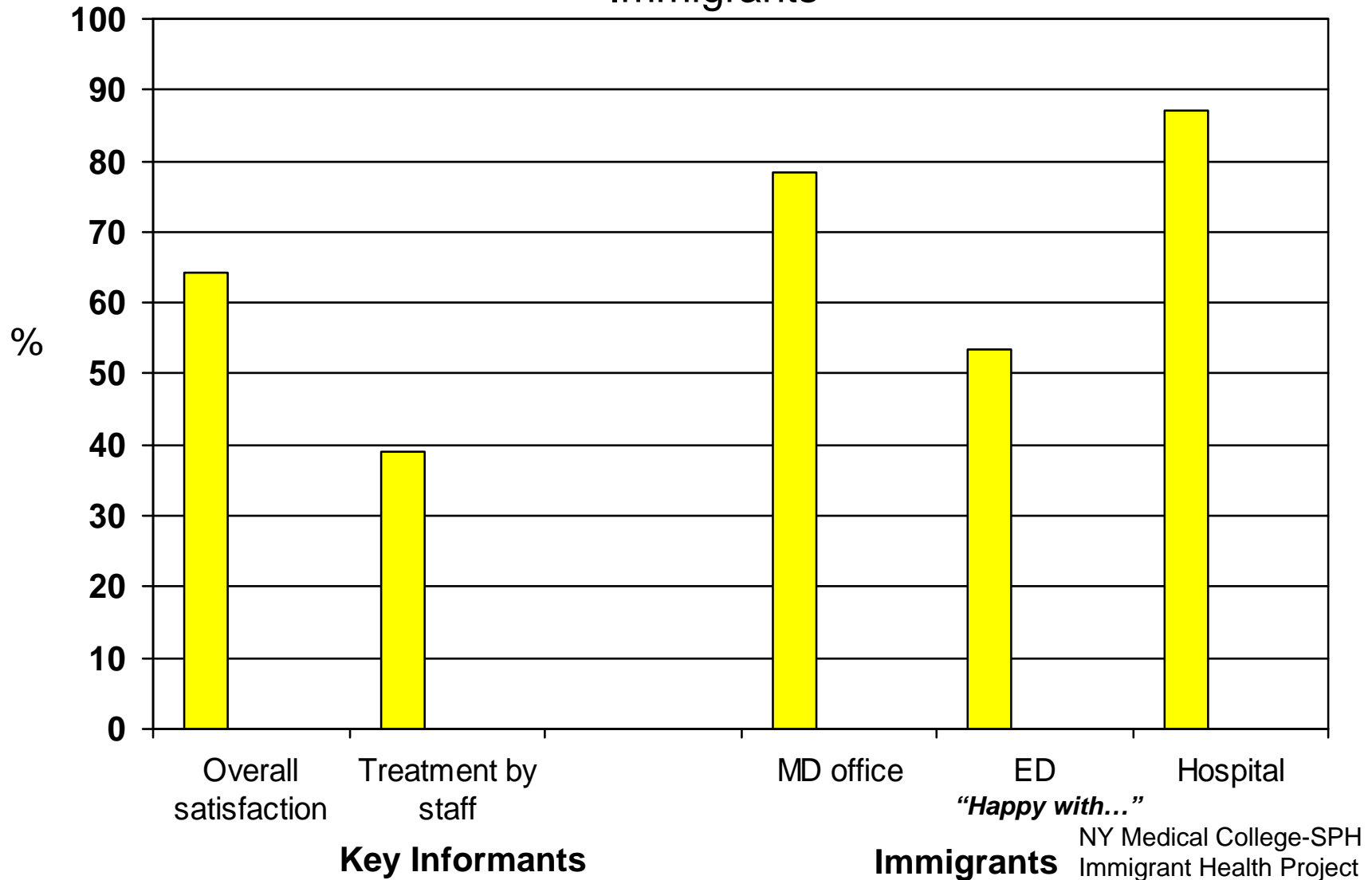


Figure 18

Barriers to Access of Health Care Services for Recent Immigrants as Reported by Providers and Key Informants

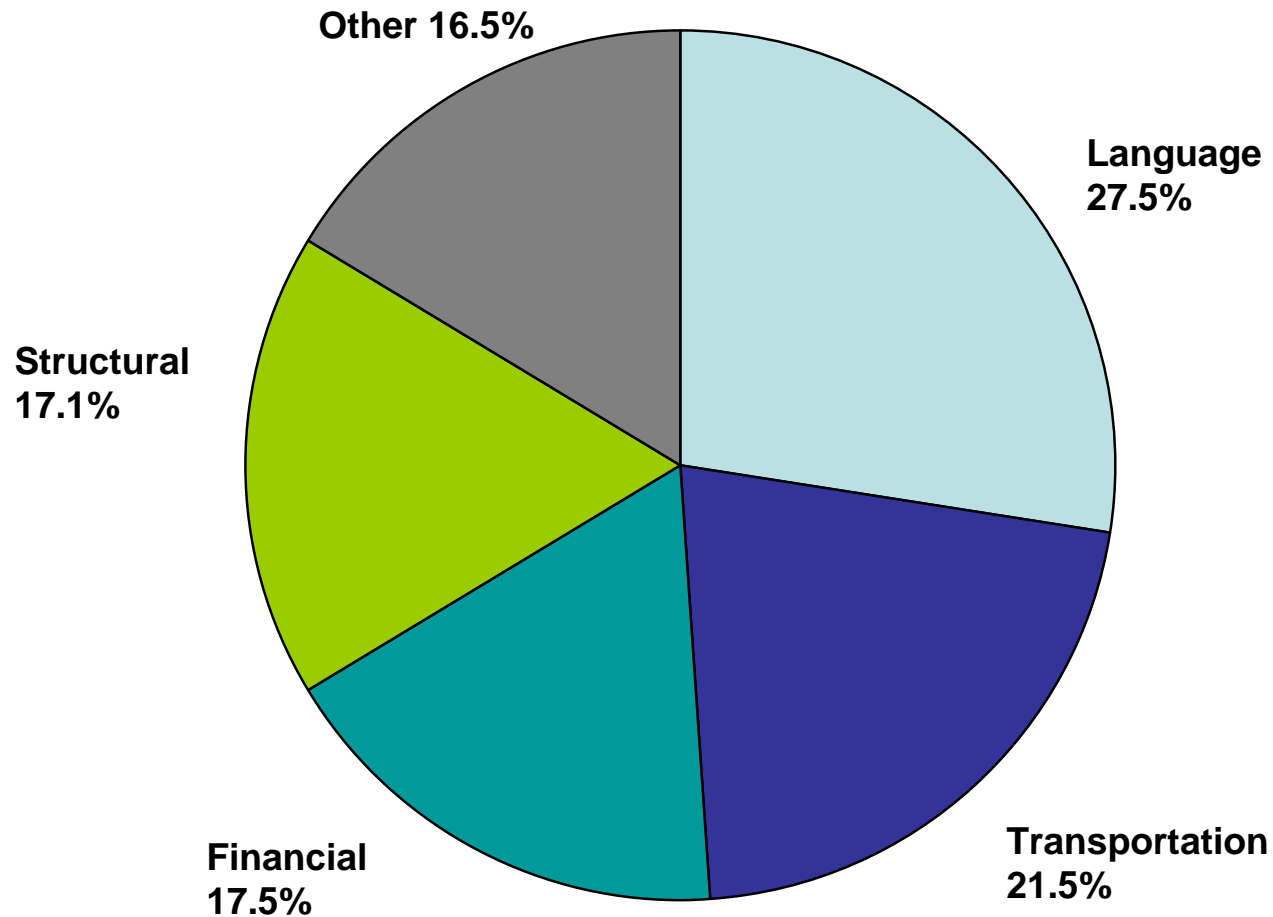


Figure 19

Extent Immigrant's Language is Spoken at Health Care
Facilities and Availability of Educational Materials in
Immigrant's Language as Reported by Study
Immigrants

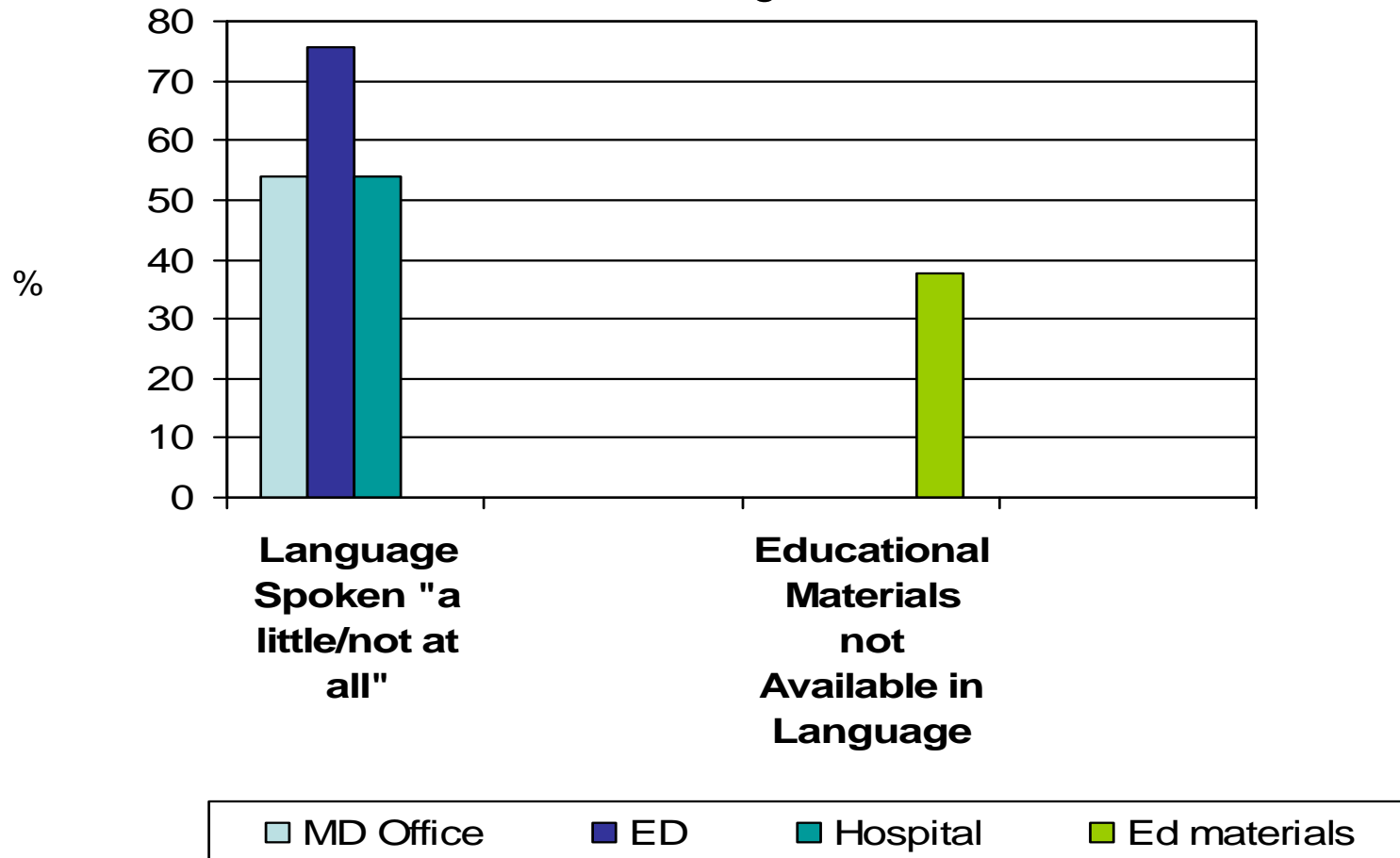


Figure 20

Waiting Time for Appointments Reported by Study Immigrants

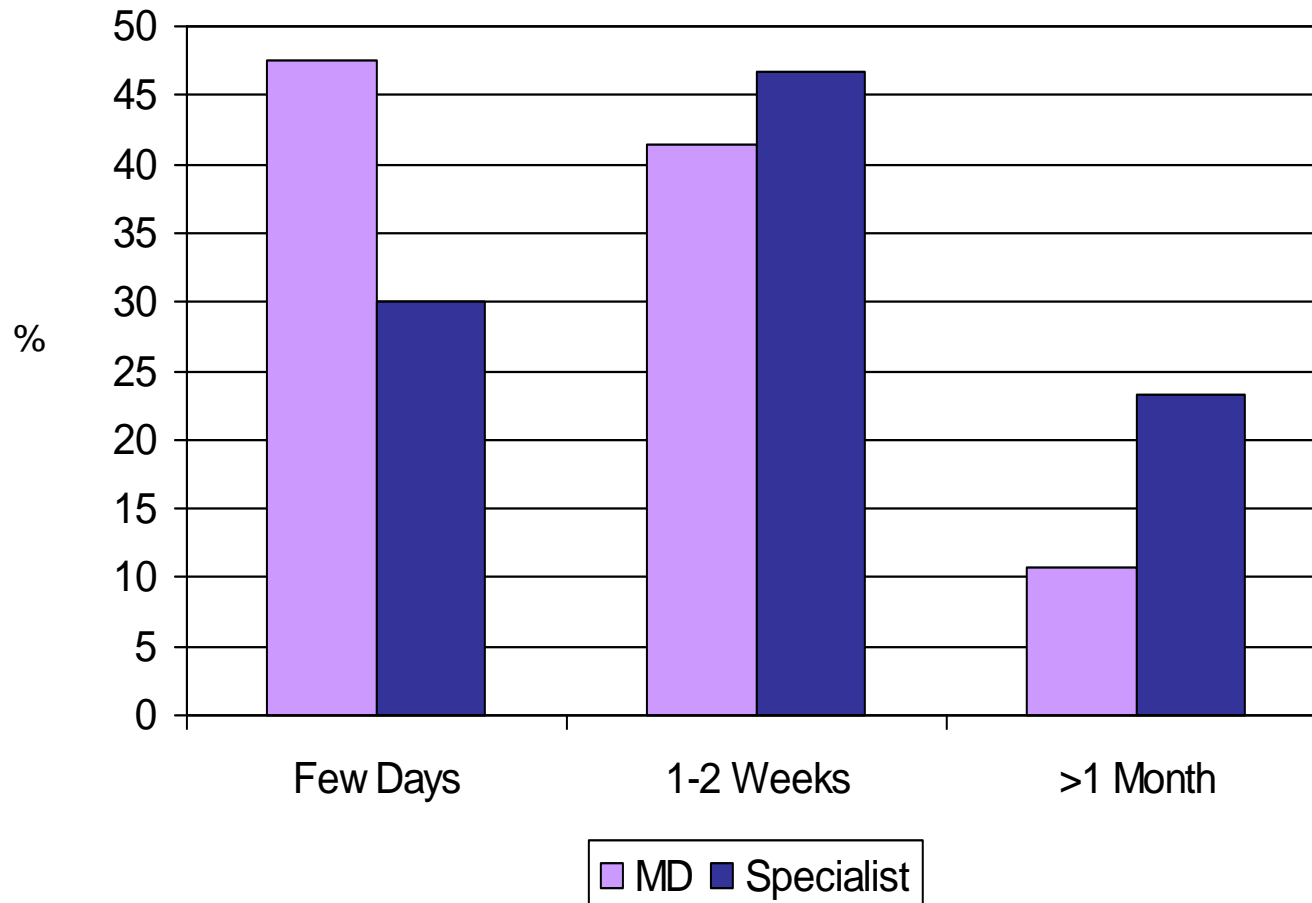


Figure 21

Translation Assistance Used by Health Care
Providers for Interpretation as Reported by
Providers/Key Informants

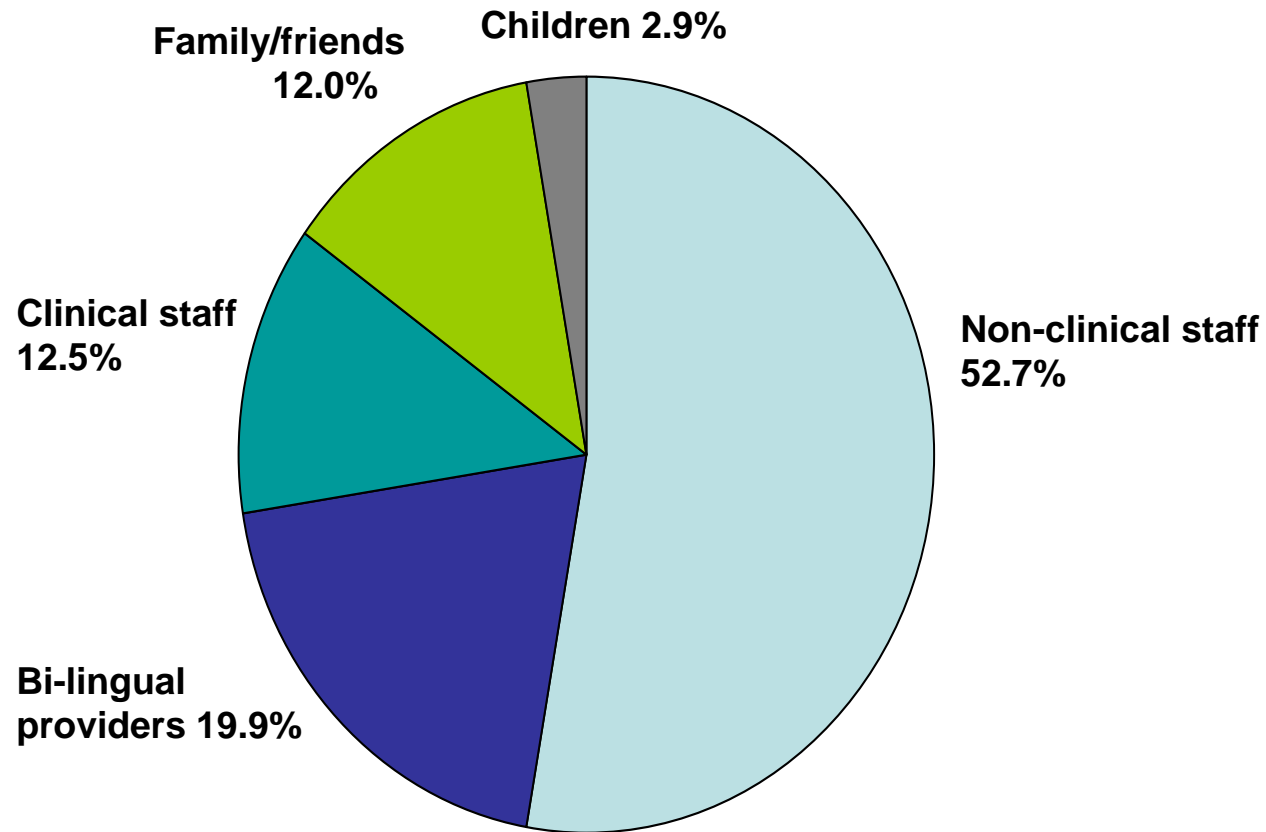


Figure 22
Use and Awareness of Complementary/Alternative
Medicines by Recent Immigrants as Reported by
Providers/Key Informants And Study Immigrants

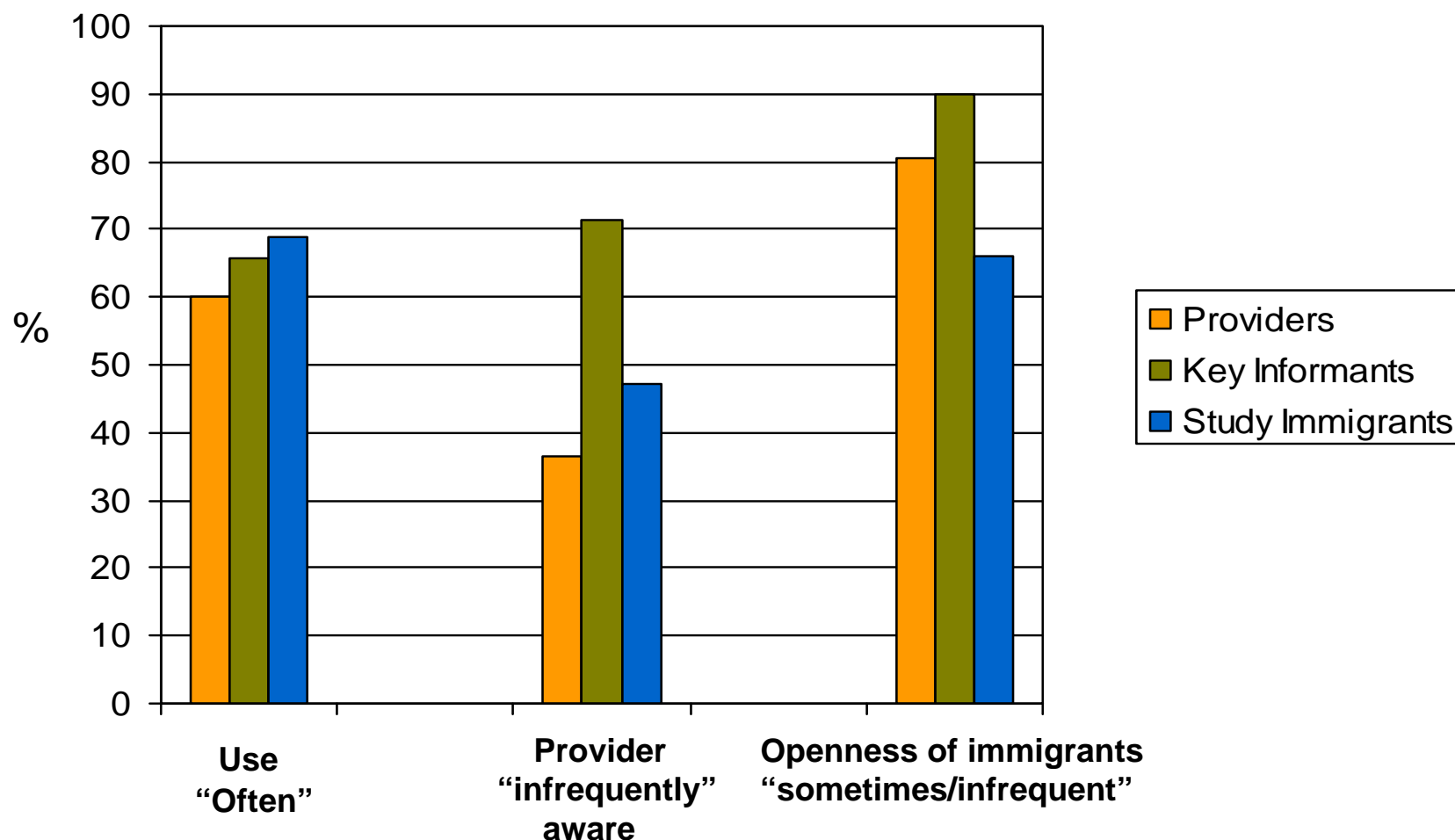


Figure 23
Role of Family in Patient-Provider Encounter for Recent
Immigrants As Reported by Providers and Key Informants

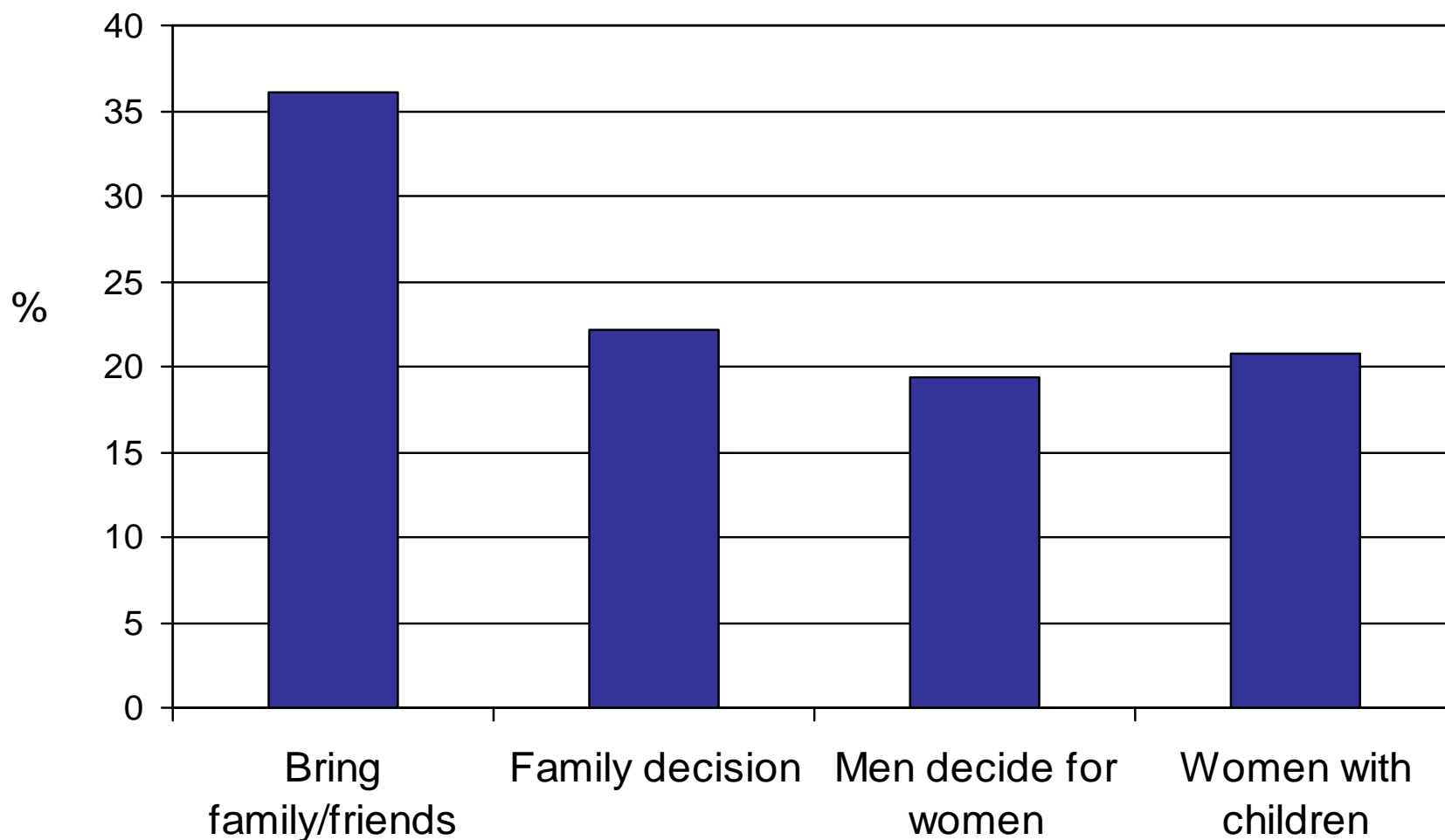


Figure 24

Role of Family in Patient-Provider Encounter
As Reported by Study Immigrants

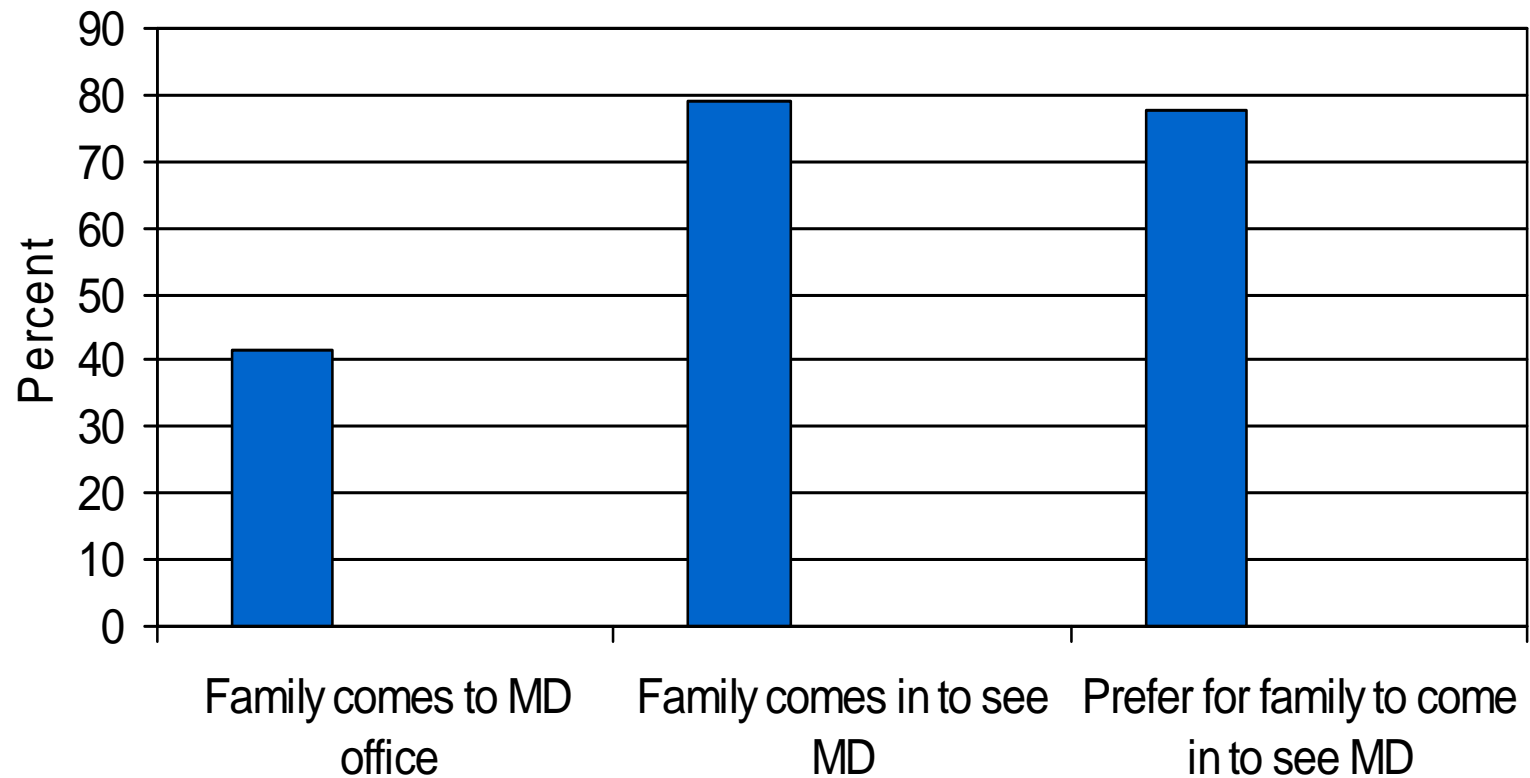


Figure 25

Patient-Provider Communication in Three Health Care Settings as Reported by Study Immigrants

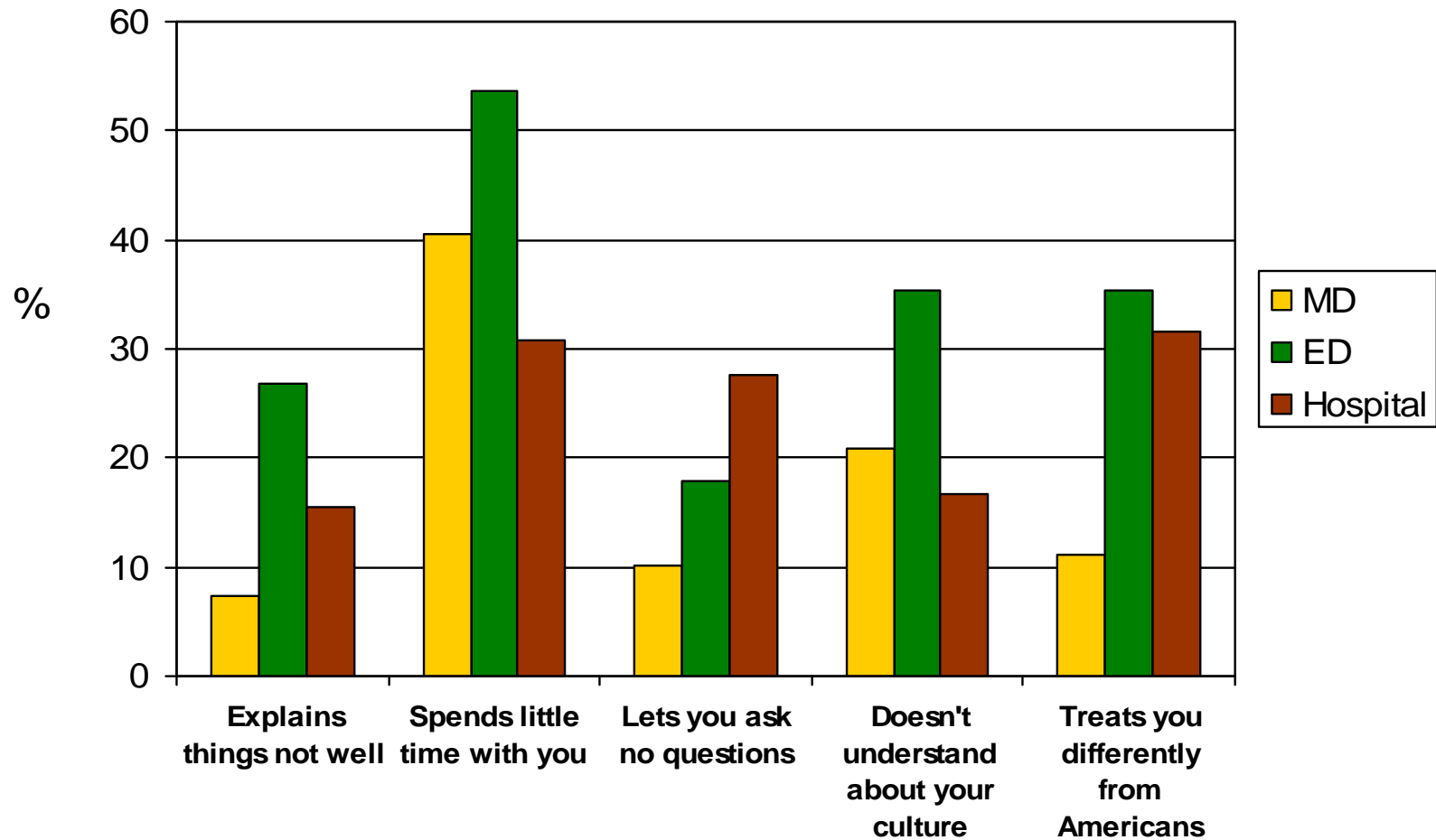


Figure 26

Overall Health/Health Problems of Recent Immigrants
as Reported by Study Immigrants

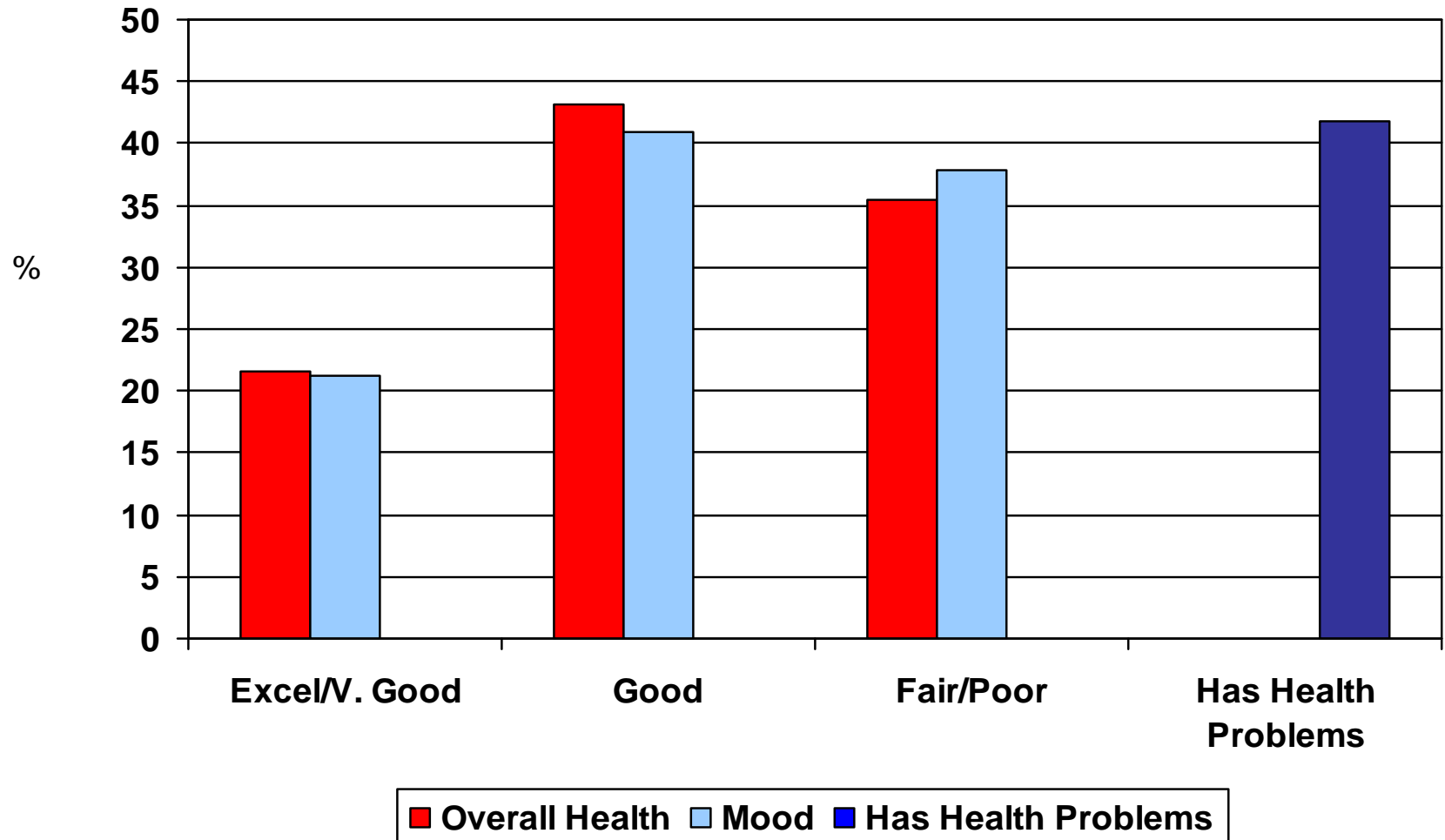


Figure 27

Top Five Health/Non-Health Problems of Recent Immigrants As Reported by Providers/Key Informants

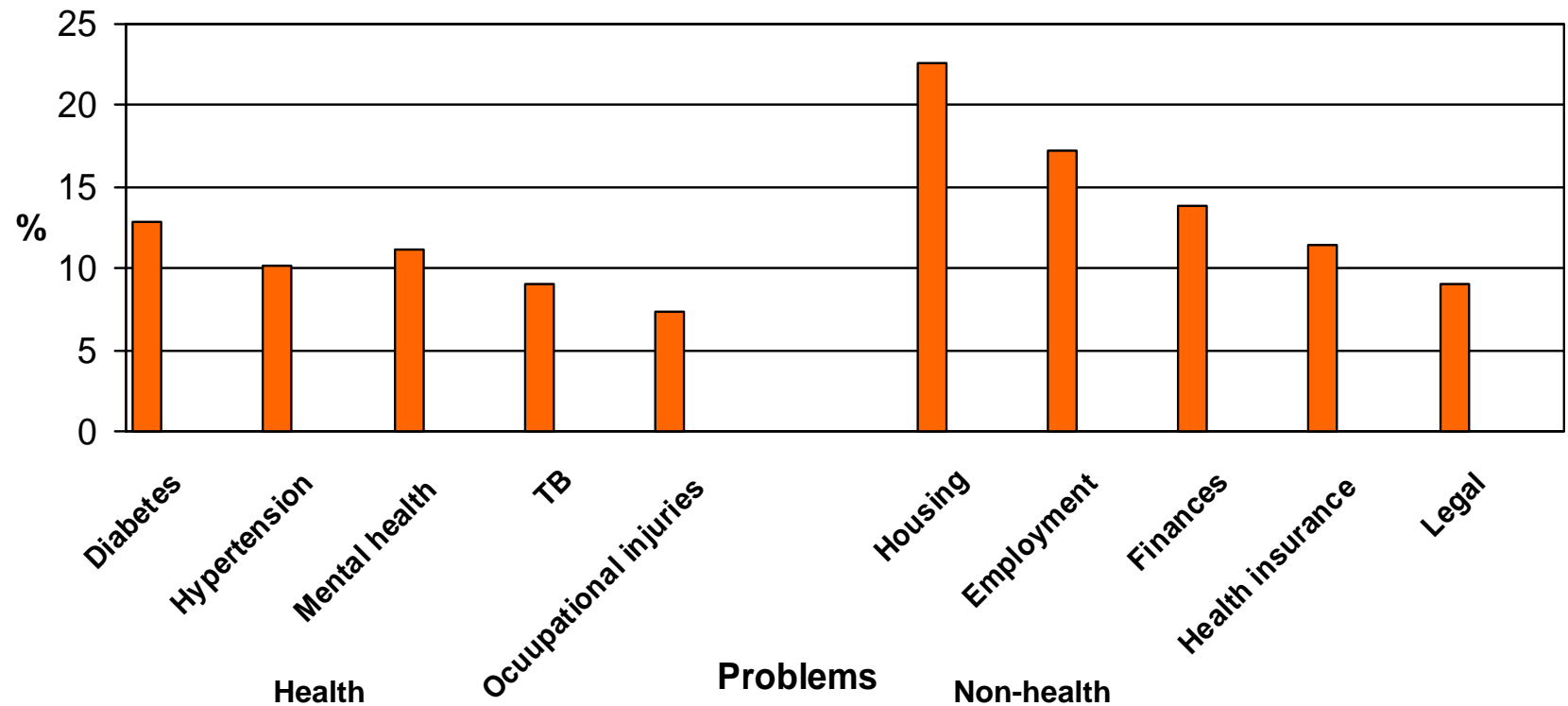
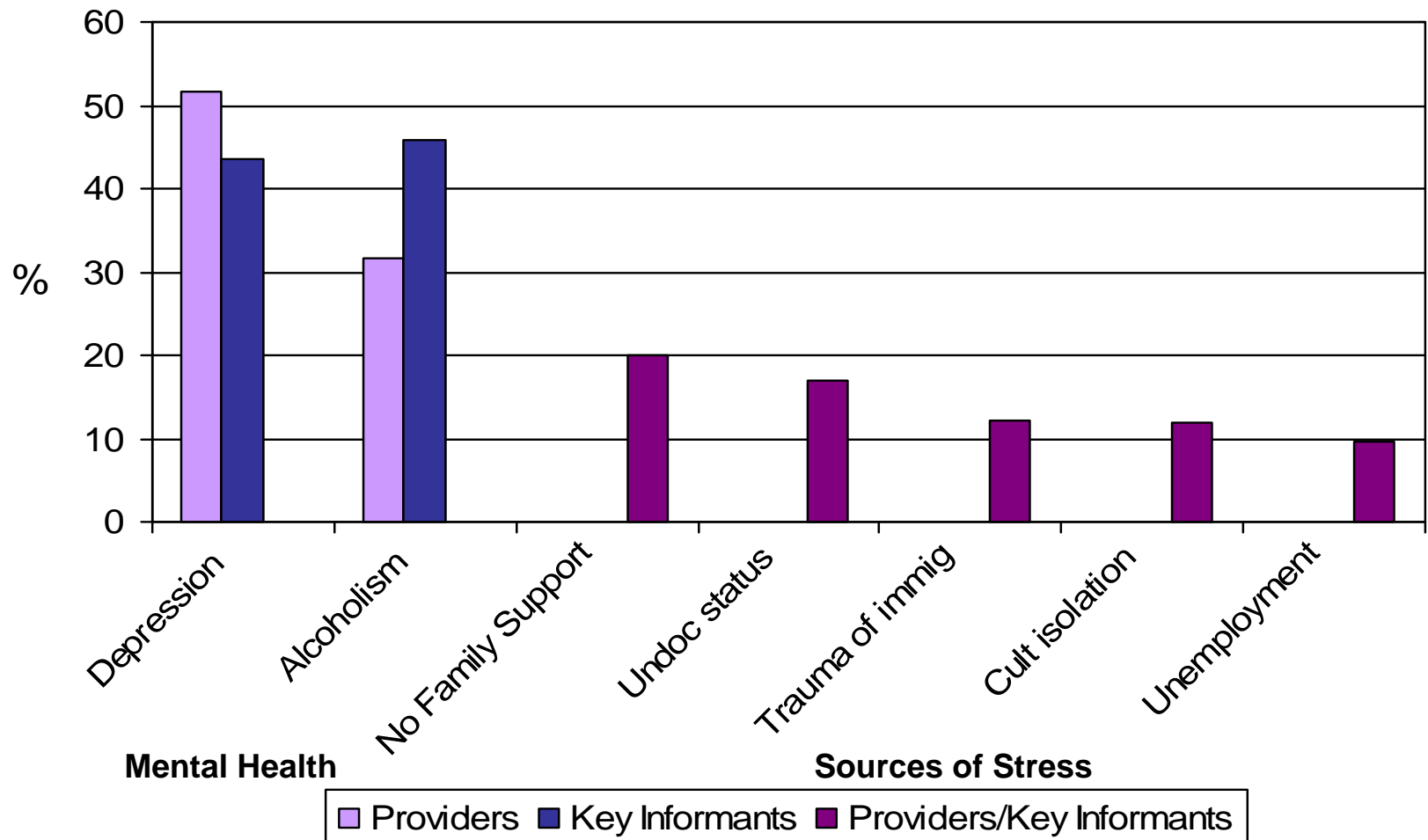


Figure 28
Top Mental Health Issues and Sources of Stress as
Reported by Providers and Key Informants



Immigrant Health Study

Appendix B

Catalog of Initiatives

(Developed by Audrey Waltner and Paul Watkins)

School of Public Health, New York Medical College

Catalog of Initiatives and Resources

Immigrant Health Project

New York Medical College School of Public Health

References are grouped by health issue/topic

Access

A model to improve the utilization of health and social services in the Latino community

Source: Journal of Health & Social Policy

URL:

Authors: Lecca P, Gutierrez J, Tijerina G

Volume/Year: 8(2), 1996

Proposes a model to improve the utilization of health and social services by Latinos. Areas of focus include ethnic sensitive management and service delivery, bilingual-bicultural staff, cultural training of non-Latino staff.

Access to health care for uninsured immigrants

Source: The New York Immigration Coalition

URL: <http://www.e-guana.net/organizations/org/uninsuredfaq.pdf>

Authors:

Volume/Year:

Highlights healthcare accessibility that New York State provides to uninsured immigrants, including: rights to emergency care, public health insurance and reduced payment rates. Also voices the common concerns of uninsured immigrants.

Center for Health Care Strategies

Source:

URL: <http://www.CHCS.org>

Authors:

Volume/Year:

CHCS works with state officials, health plan leaders, and consumer organizations across the country to improve health services for low-income families and for people with severe illnesses and disabilities whose needs cross over from the routine to the highly specialized. The website has a section devoted to racial and ethnic health disparities.

Catalog of Initiatives - Immigrant Health Project

Access

Center for Immigrant Health

Source: New York University School of Medicine

URL: <http://www.med.nyu.edu/cih/>

Authors:

Volume/Year:

Dedicated to research, outreach and education, information dissemination, and program and policy development. At the community level, trains community members to provide outreach, education, and screening in a variety of areas, ranging from cancer to tuberculosis, to health system access. At the practitioner level, ongoing provider education, cross-linguistic and cross-cultural healthcare delivery, and immigrant and refugee epidemiologic issues. At the institutional level, technical assistance (i.e. medical interpretation systems developed and implemented, cultural competence trainings). Provides brochures on health care eligibility & access for immigrants in New York in a variety of languages. Site contains cross-cultural and immigrant health publications.

Children of immigrant families: Analysis

Source: The Future of Children

URL: http://www.futureofchildren.org/pubs-info2825/pubs-info_show.htm?doc_id=240166

Authors:

Volume/Year: 14(2), Summer 2004

The entire issue is devoted to children of immigrants. The articles explore what it means to "grow up American", covering topics such as demographics, economics, contexts of middle childhood, the transition from adolescence to adulthood, and how to respond strategically to promote healthy development. Recommendations focus on preschool and special education, parent support groups, after-school activities, history and culture, math, science and technology, bilingualism, enhanced outreach efforts, and children of the undocumented.

Disparities for Latino children in the timely receipt of medical care

Source: Ambulatory Pediatrics

URL:

Authors: Brousseau DC, Hoffman RG, Yauck J, et al

Volume/Year: 5(6), Nov-Dec 2005

Compares timeliness of access to healthcare among Latino, White, and African American children.

Health care expenditure of immigrants in the United States: A nationally representative analysis

Source: American Journal of Public Health

URL:

Authors: Mohanty S, Woolhandler S, Himmeistein D, et al

Volume/Year: 96(8), Aug 2005

Compares the healthcare expenditure of immigrants residing in the United States with healthcare expenditure of US-born persons. Study refutes the assumption that immigrants represent a disproportionate financial burden on the US healthcare system.

Catalog of Initiatives - Immigrant Health Project

Access

Immigrants' access to mental health services in New York State: barriers and recommendations

Source: The New York Immigration Coalition

URL: <http://www.thenyic.org/templates/documentFinder.asp?did=331>

Authors:

Volume/Year:

Discusses various concerns with access and utilization of mental health services and makes recommendations on how to improve communication and eventually, health outcomes.

Language access to health care - a study of four New York hospitals

Source: The New York Immigration Coalition

URL: http://thenyic.org/images/uploads/Hospitals_Findings_Final_022404.pdf

Authors:

Volume/Year:

Language access monitoring effort involving hospitals serving immigrant communities in New York City. Surveys were conducted among Haitian-Creole, Korean, Latinos and Russians.

National Latina Health Network

Source:

URL: <http://www.nlhn.net/aboutus.asp>

Authors:

Volume/Year:

Provides resources such as leadership tools, advocacy, community health partnerships, health initiatives, education and outreach efforts to the Latino community. Topics of concern include access to the health care system, health insurance, adequate preventive medical care, and health education. Current programs include AIDS/HIV education and prevention, tobacco, diabetes

National Latina Institute for Reproductive Health

Source:

URL: <http://www.latinainstitute.org>

Authors:

Volume/Year:

Organization that seeks to ensure the right to reproductive health for Latinas, their families and their communities through education, advocacy and coalition building. Website contains publications, policy briefs and reports

Catalog of Initiatives - Immigrant Health Project

Access

Reduction in racial and ethnic disparities after enrollment in the State Children's Health Insurance Program

Source: Pediatrics
URL: www.pediatrics.com
Authors: Shone LP, Dick AW, Klein JD, et al
Volume/Year: 115(6), June 2005

Describes demographic characteristics and previous health insurance experiences of SCHIP enrollees by race, compares racial/ethnic disparities in medical care access, continuity and quality before and during SCHIP and determines whether disparities before or during SCHIP are explained by sociodemographic and health system factors.

The 2nd Latino Medical Conference

Source: University of Medicine & Dentistry of New Jersey
URL: <http://www.umdnj.edu/lmc/index.html>
Authors:
Volume/Year:

Provides insight into and information about, successful models and strategies for addressing access to health care, obtaining consistent and comparable data for monitoring, mandating cultural and linguistic competency training for all healthcare professionals. conference materials can be viewed, downloaded or printed and do not necessarily address Latin American populations. Of note: "cultural competence/health disparities: selected resources" at <http://www.umdnj.edu/lmc/resources/like3.pdf>

The Access Project

Source:
URL: <http://www.accessproject.org/index.html>
Authors:
Volume/Year:

Provides resources to support local initiatives and community leaders to strengthen community action, promote social change, and improve health. Focuses on access to care and language barriers. Numerous links to other organizations and resources, including links to linguistic barriers to health care. Projects of interest: access to health care for people with limited english proficiency (including numerous links) and a language services action kit.

Catalog of Initiatives - Immigrant Health Project

Access

The New York Immigration Coalition

Source:

URL: <http://www.thenyic.org/>

Authors:

Volume/Year:

Umbrella policy and advocacy organization for approximately 150 groups in New York State that work with immigrants and refugees. Focuses on laws, policies, and practices that affect immigrants and the communities in which they live. Through its training institute, it offers hundreds of workshops and community education events each year on immigration and social services law and other issues of concern to immigrant communities. Examples of website materials: Improving immigrants' access to health care, access to mental health services in New York state, state legislation to improve communication in hospitals, frequently asked questions about immigrant eligibility for public health insurance.

Working together to increase immigrant women's access to reproductive healthcare

Source: Center for Women in Government & Civil Society

URL: http://www.cwig.albany.edu/FinalReport_StatewideRoundtable.pdf

Authors:

Volume/Year:

Program designed to identify barriers to accessing and providing reproductive health services, to develop change strategies and to foster partnerships between immigrant-serving programs and family planning providers.

Community Issues

Center for Immigrant Health

Source: New York University School of Medicine

URL: <http://www.med.nyu.edu/cih/>

Authors:

Volume/Year:

Dedicated to research, outreach and education, information dissemination, and program and policy development. At the community level, trains community members to provide outreach, education, and screening in a variety of areas, ranging from cancer to tuberculosis, to health system access. At the practitioner level, ongoing provider education, cross-linguistic and cross-cultural healthcare delivery, and immigrant and refugee epidemiologic issues. At the institutional level, technical assistance (i.e. medical interpretation systems developed and implemented, cultural competence trainings). Provides brochures on health care eligibility & access for immigrants in New York in a variety of languages. Site contains cross-cultural and immigrant health publications.

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URL: http://www.futureofchildren.org/pubs-info2825/pubs-info_show.htm?doc_id=240166

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Volume/Year: 14(2), Summer 2004

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Cross Cultural Health Care Program

Source:

URL: <http://www.xculture.org/>

Authors:

Volume/Year:

Provides training and resources in cross cultural health, cultural competence, interpreter services, health promotion, legal issues, multicultural mental health, community based research, ethnic health advocacy, and government. Some of the projects described cover nutrition, cross-cultural workshop on tobacco, medical interpretation in obstetrical care, cultural competency practices for Medicaid managed care populations, cultural competency assessment in sexual assault programs.

Knowledge path: racial and ethnic disparities in health

Source: Maternal and Child Health library. National Center for Education in Maternal and Child Health

URL: http://www.mchlibrary.info/KnowledgePaths/kp_race.html

Authors:

Volume/Year:

Resources and links to various websites that address racial and ethnic disparities in health care. resources include electronic publications, webcasts, print publication, databases that provide data, literature and research, and programs, as well as consumer information. Topics include: cultural competence, health disparities, mental health, healthcare delivery, education, language, communities, maternal health, immunization, women's health

National Latina Health Network

Source:

URL: <http://www.nlhn.net/aboutus.asp>

Authors:

Volume/Year:

Provides resources such as leadership tools, advocacy, community health partnerships, health initiatives, education and outreach efforts to the Latino community. Topics of concern include access to the health care system, health insurance, adequate preventive medical care, and health education. Current programs include AIDS/HIV education and prevention, tobacco, diabetes

Catalog of Initiatives - Immigrant Health Project

Community Issues

National Latina Institute for Reproductive Health

Source:

URL: <http://www.latinainstitute.org>

Authors:

Volume/Year:

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The Access Project

Source:

URL: <http://www.accessproject.org/index.html>

Authors:

Volume/Year:

Provides resources to support local initiatives and community leaders to strengthen community action, promote social change, and improve health. Focuses on access to care and language barriers. Numerous links to other organizations and resources, including links to linguistic barriers to health care. Projects of interest: access to health care for people with limited english proficiency (including numerous links) and a language services action kit.

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URL: <http://www.thenyic.org/>

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Volume/Year:

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University of Kansas community toolbox

Source:

URL: <http://ctb.ku.edu/>

Authors:

Volume/Year:

Comprehensive resource for promoting community health and development. Provides wealth of practical skill-building information on over 250 different topics - including step-by-step instructions, examples, checklists, and related resources.

Catalog of Initiatives - Immigrant Health Project

Cultural Beliefs

Appropriate antibiotic use: Variation in knowledge and awareness by Hispanic ethnicity and language

Source: Preventive Medicine
URL: <http://www.sciencedirect.com/science/journal/00917435>
Authors: Corbett K, Gonzales R, Leeman-Castillo B, et al
Volume/Year: 40, 2005

Assesses knowledge, attitudes and awareness in an ethnically diverse community with less access to care, lower education, low income, low English proficiency and/or non mainstream cultural backgrounds.

Child health in the multicultural environment.

Source: Thirty-first Ross Roundtable on critical approaches to common pediatric problems
URL:
Authors:
Volume/Year: Dec 1999

Explores ways to bridge the cultural gap in providing health care that meets patient needs and expectations. Describes strategies for maximizing patient-physician communication and for understanding patient-held beliefs, explores institutional racism, presents clinical programs that have been put in place to address multiculturalism, including a pediatric Latino clinic.

Community voices: Exploring cross-cultural care through cancer

Source: Harvard Center for Cancer Prevention, Harvard School of Public Health, Boston, MA (617-432-0038)
URL:
Authors: Greene J, Newell MS, Newell K
Volume/Year:

Video and facilitator's guide

DiversityRx

Source:
URL: <http://www.diversityrx.org>
Authors:
Volume/Year:

Clearinghouse of information on how to meet the language and cultural needs of minorities, immigrants, refugees and other diverse populations seeking health care. In addition to offering basic facts about language and culture, the site offers information on models and practice, policies, and legal issues.

Catalog of Initiatives - Immigrant Health Project

Cultural Beliefs

EthnoMed

Source:

URL: <http://www.ethnomed.org>

Authors:

Volume/Year:

Medical and cultural information on immigrant and refugee groups. Makes information about culture, language, health, illness and community resources directly accessible to healthcare providers. Designed for use in clinics by care providers.

Guide to culturally competent health care

Source: FA Davis. Philadelphia, PA

URL:

Authors: Purnell LD

Volume/Year: 2005

Quick reference for students and health care practitioners who provide direct patient care in diverse settings. Provides a summary of issues to be aware of, including cultural variations regarding personal space, dietary preferences, activities of daily living, communication, symptom management, activities of daily living, religious and health practices. Organized around the Purnell Model for Cultural Competence framework. Reviews 27 ethnic groups and provides specific instructions, guidelines, tips, warnings, interventional strategies and approaches highlighted and set apart after each applicable principle

Immigrant women's health: Problems and solutions

Source: Jossey-Bass. San Francisco, CA

URL:

Authors: Kramer EJ

Volume/Year: 1999

Geared to healthcare planners, policy makers, and administrators and provides insights into the knowledge, attitudes, health beliefs, healthcare practices, and healthcare seeking behavior of immigrant women. The text also offers effective strategies for providing culturally competent, high-quality, cost-effective care to migrant women. It also addresses the effects of recent changes to federal policies.

Immigration and Health Initiative

Source: Hunter College, School of Health Sciences, The City University of New York

URL: <http://www.hunter.cuny.edu/schoolhp/uph/immigration/programs.html>

Authors:

Volume/Year:

The Initiative is currently involved in three major areas of research: immigration & alternative healing, immigrant health & obesity, and ethnic return migration.

Catalog of Initiatives - Immigrant Health Project

Cultural Beliefs

Managing diversity in health care

Source: Jossey-Bass. San Francisco, CA

URL:

Authors: Gardenswartz L, Rowe A

Volume/Year: 1998

Offers professionals in the field a handbook for learning to become more culturally sensitive and responsive to both coworkers and patients. Includes a wide range of topics, including common misunderstandings that often occur in a cross-cultural environment, standards of privacy, beliefs about the body, healing, and dying, and other cultural factors that influence the health care experience, culturally sensitive ways to solicit relevant information, strategies for minimizing the negative effects of stereotyping, examples of real-life solutions implemented by health care organizations and a current listing of the most useful books, videos, articles, newsletters, and published training materials on the topic of diversity

Multicultural clients: A professional handbook for health care providers and social workers

Source: Greenwood Press. Westport, CT

URL:

Authors: Lassiter SM

Volume/Year: 1995

Fifteen different cultural groups are discussed regarding culturally based health beliefs and practices, physical assessment, beliefs about death and dying, and cultural dietary patterns. Also included are social aspects such as child rearing, family, elderly, etc.

Promoting health in multicultural populations: A handbook for practitioners

Source: Sage Publishing. Thousand Oaks, CA

URL:

Authors: Huff RM

Volume/Year: 1999

Offers assessment and implementation guidelines for promoting health in any cultural community. Explores the context of culture, cross-cultural concepts of health and disease, conceptual approaches to multicultural health promotion, and suggestions for planning health promotion for multicultural populations. Discusses Hispanic/Latino, African American, American Indian and Alaska Native, Asian American, and Pacific Islander populations, and describes the characteristics of the population, providing guidelines for practice and offering a case study.

Quality care for diverse population

Source: American Academy of Family Physicians, Leawood, KS (800-944-0000)

URL:

Authors: Bullock K, Epstein LG, Lewise RC, et al

Volume/Year:

Five vignettes depicting simulated physician-patient visits in an office setting as a means to explore ethnic and sociocultural issues found in today's diverse healthcare environment.

Catalog of Initiatives - Immigrant Health Project

Cultural Beliefs

Sex in the new world: An empowerment model for HIV prevention in Latina immigrant women

Source: Health Education & Behavior

URL:

Authors: Gomez C, Hernandez M, Faigeles B

Volume/Year: 26(2), April 1999

Study aimed at increasing awareness of and decreasing the occurrence of HIV risk behavior among Latina immigrant women, by examining economic disadvantage, language barriers and strong cultural gender norms.

The Kaiser Permanente care actors cultural issues videos

Source: Kaiser Permanente MultiMedia Communication, Los Angeles, CA (323-259-4776)

URL:

Authors:

Volume/Year:

Brief but dramatic vignettes are accompanied by support materials for facilitators and participants. Scripted with the help of physicians, nurses, and medical anthropologists. Raise issues around differing health beliefs and practices, values in conflict, stereotyping, overt and covert prejudices and language barriers. Series A - Diabetic compliance, pediatric asthma, somatic complaint, gay adolescent. Series B - birthing issues

The use of bilingual, bicultural paraprofessionals in mental health services

Source: Community Mental Health Journal

URL:

Authors: Musser-Granski J, Carrillo D

Volume/Year: 33, Feb 1997

Addresses the language and cultural barriers between refugee and immigrant populations and the provision of mental health services needed to adjust to life in this country. Discusses the role of paraprofessionals in mental health and addresses the issues and problems that can arise from the hiring, training and supervision of bilingual, bicultural paraprofessionals.

Understanding and responding to the health and mental health needs of Asian refugees

Source: Social Work in Health Care

URL:

Authors: Dhoooper SS, Tran TV

Volume/Year: 27(4), Jan 1998

Provides a look at the past experiences and present lives of Asian refugees, highlights their major problems and identifies their health and mental health needs.

Catalog of Initiatives - Immigrant Health Project

Cultural Beliefs

Understanding the health culture of recent immigrants to the United States: A cross-cultural maternal health information catalog

Source: American Association of Public Health
URL: <http://www.apha.org/ppp/red/index.htm>
Authors:
Volume/Year:

A cross-cultural maternal health information catalog that focuses on the unique maternal health cultures of three main regions of the world, Latin America, Asia, and Africa.

Cultural Competence

A model to improve the utilization of health and social services in the Latino community

Source: Journal of Health & Social Policy
URL:
Authors: Lecca P, Gutierrez J, Tijerina G
Volume/Year: 8(2), 1996

Proposes a model to improve the utilization of health and social services by Latinos. Areas of focus include ethnic sensitive management and service delivery, bilingual-bicultural staff, cultural training of non-Latino staff.

A strategy to reduce cross-cultural miscommunication and increase the likelihood of improving health outcomes

Source: Academic Medicine
URL:
Authors: Kagawa-Singer M, Kassim-Lakha S
Volume/Year: 78(6), June 2003

Provides a method to improve the cultural competence of physicians, reduce cross-cultural miscommunication and improve health outcomes in ethnic minority populations within the U.S.

Acculturation and health beliefs of Mexican Americans regarding tuberculosis intervention

Source: J Immigrant Health
URL:
Authors: Rodriguez-Reimann DI, Nicassio P, Reimann JOF, et al
Volume/Year: 6(2), 2004

Catalog of Initiatives - Immigrant Health Project

Cultural Competence

Center for Cross-Cultural Health

Source:

URL: <http://www.crosshealth.com>

Authors:

Volume/Year:

CCCH seeks to integrate cultural competency into health and human services through information, training, research, and consulting. It also serves as an information resource by offering publications, referrals, newsletters and networking opportunities.

Center for Healthy Families and Cultural Diversity

Source: UMDNJ-Robert Wood Johnson Medical School

URL: <http://www2.umdj.edu/fmedweb/chfcd/index.htm>

Authors:

Volume/Year:

It has evolved from a program focused primarily on multicultural education and training for health professionals, to an expanded and growing resource for technical assistance, consultation, and research/evaluation services. Web portal that provides links to various organizations and resources dealing with cultural competence and health disparities.

Center for Immigrant Health

Source: New York University School of Medicine

URL: <http://www.med.nyu.edu/cih/>

Authors:

Volume/Year:

Dedicated to research, outreach and education, information dissemination, and program and policy development. At the community level, trains community members to provide outreach, education, and screening in a variety of areas, ranging from cancer to tuberculosis, to health system access. At the practitioner level, ongoing provider education, cross-linguistic and cross-cultural healthcare delivery, and immigrant and refugee epidemiologic issues. At the institutional level, technical assistance (i.e. medical interpretation systems developed and implemented, cultural competence trainings). Provides brochures on health care eligibility & access for immigrants in New York in a variety of languages. Site contains cross-cultural and immigrant health publications.

Child health in the multicultural environment.

Source: Thirty-first Ross Roundtable on critical approaches to common pediatric problems

URL:

Authors:

Volume/Year: Dec 1999

Explores ways to bridge the cultural gap in providing health care that meets patient needs and expectations. Describes strategies for maximizing patient-physician communication and for understanding patient-held beliefs, explores institutional racism, presents clinical programs that have been put in place to address multiculturalism, including a pediatric Latino clinic.

Catalog of Initiatives - Immigrant Health Project

Cultural Competence

Cicatelli Associates Incorporated

Source:

URL: <http://www.cicatelli.org/AboutCAI/main.htm>

Authors:

Volume/Year:

Non-profit educational organization that provides training on various topics including women's reproductive health and pregnancy, HIV, immigrant health, culturally competent clinical care, GLBT health care, domestic violence, guidelines for assessing and treating post-traumatic stress disorder, integrating complementary therapy into clinical practice, cultural Issues and clinical considerations.

Community voices: Exploring cross-cultural care through cancer

Source: Harvard Center for Cancer Prevention, Harvard School of Public Health, Boston, MA (617-432-0038)

URL:

Authors: Greene J, Newell MS, Newell K

Volume/Year:

Video and facilitator's guide

Compendium of cultural competence. Initiatives in health care

Source: The Henry J. Kaiser Family Foundation

URL: <http://www.kff.org/uninsured/6067-index.cfm>

Authors:

Volume/Year: Jan 2003

The initiatives included in the compendium are from 1990 to the present. It is divided into two categories: Public sector initiatives (federal/state/local) and private sector initiatives (health care institutions or professional organizations, foundations, academic institutions/policy research organizations, and other). This resource also includes brief definitions for the major terms, organizational descriptions of initiatives and a list of experts in the field.

Competence in health care: Emerging frameworks and practical approaches

Source: The Commonwealth Fund: Quality of care for underserved populations

URL: http://www.cmwf.org/usr_doc/betancourt_culturalcompetence_576.pdf

Authors: Betancourt. J, Green A, Carrillo E

Volume/Year: Oct 2002

Describes a cultural competence framework for addressing racial and ethnic disparities in health and healthcare. Discusses the socio-cultural barriers that exist at the organizational, structural and clinical levels of the healthcare system and a planned intervention to address issues with the delivery of healthcare to minorities.

Catalog of Initiatives - Immigrant Health Project

Cultural Competence

Cross Cultural Health Care Program

Source:

URL: <http://www.xculture.org/>

Authors:

Volume/Year:

Provides training and resources in cross cultural health, cultural competence, interpreter services, health promotion, legal issues, multicultural mental health, community based research, ethnic health advocacy, and government. Some of the projects described cover nutrition, cross-cultural workshop on tobacco, medical interpretation in obstetrical care, cultural competency practices for Medicaid managed care populations, cultural competency assessment in sexual assault programs.

Cross-cultural medicine

Source: American College of Physicians. Philadelphia, PA

URL:

Authors: Bigby J

Volume/Year: 2003

Book discusses cultural competence in medicine. Broken down into major ethnic/cultural groups. Numerous case examples to illustrate issues of cultural beliefs and how they affect provider-patient relationship, diagnosis, treatment, and patient compliance.

Cultural competence in breast cancer care

Source: Ohio Department of Health and Medical College of Ohio

URL:

Authors:

Volume/Year: 2000

Cultural competence in health care: Emerging frameworks and practical approaches.

Source: The Commonwealth Fund

URL: <http://www.cmwf.org/publications/publications.htm>

Authors: Betancourt JR, Green AR, Carrillo JE

Volume/Year: Oct 2002

Describes a cultural competence framework for addressing racial and ethnic disparities in health and healthcare. Discusses the socio-cultural barriers that exist at the organizational, structural and clinical levels of the healthcare system and a planned intervention to address issues with the delivery of healthcare to minorities.

Catalog of Initiatives - Immigrant Health Project

Cultural Competence

Cultural Competence Resources

Source:

URL: <http://cecp.air.org/cultural/resources.htm>

Authors:

Volume/Year:

Website contains a list of organizations (with links) that provide information about cultural competence. Areas covered include: general information, training workshops and conferences, policy resources, and implementation resources.

Cultural competence: A systematic review of health care provider educational interventions.

Source: Medical Care

URL:

Authors: Beach M, Price E, Gary T, et al

Volume/Year: 43(4), April 2005

Findings of studies evaluating interventions to improve the cultural competence of health professionals.

Culturally competent health care for adolescents. A guide for primary care health providers

Source: American Medical Association. Chicago, IL

URL:

Authors: Davis BJ, Voegtle KH

Volume/Year: 1994

Culturally competent services

Source: Maternal and Child Health library. National center for education in maternal and child health, Georgetown University

URL: http://www.mchlibrary.info/databases/action.lasso?-database=Biblio&-layout=Web&-response=BibLists/bib_cultcomp.html&-MaxRecords=all&-DoScript=auto_search_cultcomp&-search

Authors:

Volume/Year:

Includes selected materials published in 1990 or later that discuss assessing services for cultural sensitivity, developing culturally sensitive materials, and providing services in a multicultural health care context. The MCH Library focuses on publications from federal and state agencies, from grantees of federal and state agencies, and from professional and voluntary organizations.

Catalog of Initiatives - Immigrant Health Project

Cultural Competence

DiversityRx

Source:

URL: <http://www.diversityrx.org>

Authors:

Volume/Year:

Clearinghouse of information on how to meet the language and cultural needs of minorities, immigrants, refugees and other diverse populations seeking health care. In addition to offering basic facts about language and culture, the site offers information on models and practice, policies, and legal issues.

EthnoMed

Source:

URL: <http://www.ethnomed.org>

Authors:

Volume/Year:

Medical and cultural information on immigrant and refugee groups. Makes information about culture, language, health, illness and community resources directly accessible to healthcare providers. Designed for use in clinics by care providers.

Guide to culturally competent health care

Source: FA Davis. Philadelphia, PA

URL:

Authors: Purnell LD

Volume/Year: 2005

Quick reference for students and health care practitioners who provide direct patient care in diverse settings. Provides a summary of issues to be aware of, including cultural variations regarding personal space, dietary preferences, activities of daily living, communication, symptom management, activities of daily living, religious and health practices. Organized around the Purnell Model for Cultural Competence framework. Reviews 27 ethnic groups and provides specific instructions, guidelines, tips, warnings, interventional strategies and approaches highlighted and set apart after each applicable principle

Handbook of multicultural counseling

Source: Sage Publishing. Thousand Oaks, CA

URL:

Authors: Ponterotto JG et al

Volume/Year: 1995

Offers perspectives on multicultural counseling. Includes historical perspectives on multicultural counseling, professional and ethical issues, counseling role in fighting oppression, psychological measurement theories, research design, and gender issues and higher education issues. The handbook is geared to counselors, counseling students, and other mental health professionals who are seeking to improve their competence in treating a culturally diverse clientele.

Catalog of Initiatives - Immigrant Health Project

Cultural Competence

Immigrants' access to mental health services in New York State: barriers and recommendations

Source: The New York Immigration Coalition
URL: <http://www.thenyic.org/templates/documentFinder.asp?did=331>
Authors:
Volume/Year:

Discusses various concerns with access and utilization of mental health services and makes recommendations on how to improve communication and eventually, health outcomes.

Knowledge path: racial and ethnic disparities in health

Source: Maternal and Child Health library. National Center for Education in Maternal and Child Health
URL: http://www.mchlibrary.info/KnowledgePaths/kp_race.html
Authors:
Volume/Year:

Resources and links to various websites that address racial and ethnic disparities in health care. resources include electronic publications, webcasts, print publication, databases that provide data, literature and research, and programs, as well as consumer information. Topics include: cultural competence, health disparities, mental health, healthcare delivery, education, language, communities, maternal health, immunization, women's health

Knowledge path: Spanish-language health resources

Source: Maternal and Child Health Library, National Center for Education in Maternal Child Health.
URL: http://www.mchlibrary.info/knowledgepaths/kp_spanish.html
Authors:
Volume/Year:

The MCH library is a virtual guide to MCH information. Information includes the weekly newsletter MCH alert, resource guides, full text publications, databases, and links to MCH sites. MCH library is a comprehensive web portal for all things related to maternal and child health.

Latino families in therapy: a guide to multicultural practice

Source: Guilford Press. NY
URL:
Authors: Falicov CJ.
Volume/Year: 1998

Presents a framework for thinking about multiculturalism in therapy and provides insights and strategies for therapists working with Latino families. Intended for use by family therapists and other clinicians working with culturally diverse clientele, and can serve as a text in clinical courses in family therapy, social work, and counseling

Catalog of Initiatives - Immigrant Health Project

Cultural Competence

Managing diversity in health care

Source: Jossey-Bass, San Francisco, CA

URL:

Authors: Gardenswartz L, Rowe A

Volume/Year: 1998

Offers professionals in the field a handbook for learning to become more culturally sensitive and responsive to both coworkers and patients. Includes a wide range of topics, including common misunderstandings that often occur in a cross-cultural environment, standards of privacy, beliefs about the body, healing, and dying, and other cultural factors that influence the health care experience, culturally sensitive ways to solicit relevant information, strategies for minimizing the negative effects of stereotyping, examples of real-life solutions implemented by health care organizations and a current listing of the most useful books, videos, articles, newsletters, and published training materials on the topic of diversity

National Center for Cultural Competence

Source:

URL: <http://gucchd.georgetown.edu/nccc/links.html>

Authors:

Volume/Year:

Comprehensive web portal with a focus on training, technical assistance, consultation, facilitating networking, linkages, and information exchange. The NCCC has particular expertise in developing instruments and conducting organizational self-assessment processes to advance cultural and linguistic competency. Also maintains a database of a wide range of resources on cultural and linguistic competence (e.g. demographic information, policies, practices, articles, books, research initiatives and findings, curricula, multimedia materials and Web sites, etc. Site contents available in Spanish.

New York New Jersey Public Health Training Center

Source:

URL: <http://www.nynj-phtc.org/>

Authors:

Volume/Year:

The Center is a collaborative endeavor of the Columbia University Mailman school of Public Health, the University at Albany School of Public Health, and the University of Medicine and Dentistry of New Jersey – School of public health and state, city, county and local health departments throughout New York and New Jersey. It assesses the needs of the public health workforce, facilitates access to existing training programs, and develops new training programs. It also seeks to improve access to a diverse and culturally competent public health workforce using the cross-cltural communication teaching modules and the “communicate to make a difference” course series.

Catalog of Initiatives - Immigrant Health Project

Cultural Competence

Pfizer clear health communication initiative

Source: Pfizer Health Literacy
URL: <http://www.pfizerhealthliteracy.org/initiative.pdf>
Authors:
Volume/Year:

A initiative devised by Pfizer used to provide easy to read materials such as brochures about diseases and treatment, medical forms, and spoken instructions from doctors, nurses or pharmacists in order to improve health literacy.

Promoting health in multicultural populations: A handbook for practitioners

Source: Sage Publishing. Thousand Oaks, CA
URL:
Authors: Huff RM
Volume/Year: 1999

Offers assessment and implementation guidelines for promoting health in any cultural community. Explores the context of culture, cross-cultural concepts of health and disease, conceptual approaches to multicultural health promotion, and suggestions for planning health promotion for multicultural populations. Discusses Hispanic/Latino, African American, American Indian and Alaska Native, Asian American, and Pacific Islander populations, and describes the characteristics of the population, providing guidelines for practice and offering a case study.

Providing language services in small health care provider settings: Examples from the field

Source: The Commonwealth Fund
URL: http://www.cmwf.org/publications/publications_show.htm?doc_id=270667
Authors: Youdelman M, Perkins J
Volume/Year: Publication 810, April 2005

The National Health Law Program conducted site visits and phone interviews at small healthcare providers to assess current innovations. Practices include recruiting bilingual staff for dual roles, ongoing cultural and language competency training for interpreter staff, using community resources like hospitals, managed care organizations and volunteers, and capitalizing on underutilized funding sources.

Quality care for diverse population

Source: American Academy of Family Physicians, Leawood, KS (800-944-0000)
URL:
Authors: Bullock K, Epstein LG, Lewise RC, et al
Volume/Year:

Five vignettes depicting simulated physician-patient visits in an office setting as a means to explore ethnic and sociocultural issues found in today's diverse healthcare environment.

Catalog of Initiatives - Immigrant Health Project

Cultural Competence

Resident physicians' preparedness to provide cross-cultural care

Source: JAMA

URL:

Authors: Weissman JS, Betancourt J, Campbell EG, et al

Volume/Year: 294(9), Sept 2005

Assesses resident physicians attitudes about cross cultural care, perceptions of their preparedness to deliver quality care to diverse patient populations and educational experiences and educational climates regarding cross-cultural training.

Speaking of health: Assessing health communication strategies for diverse populations

Source: Institute of Medicine

URL: <http://www.iom.edu/report.asp?id=4471>

Authors:

Volume/Year: July 2002

This report addresses the challenge of improving health communications in a racially and culturally diverse society. Although messages tailored to specific audiences can be effective, the report describes the difficulty and complexity of categorizing audiences.

The 2nd Latino Medical Conference

Source: University of Medicine & Dentistry of New Jersey

URL: <http://www.umdnj.edu/lmc/index.html>

Authors:

Volume/Year:

Provides insight into and information about, successful models and strategies for addressing access to health care, obtaining consistent and comparable data for monitoring, mandating cultural and linguistic competency training for all healthcare professionals. conference materials can be viewed, downloaded or printed and do not necessarily address Latin American populations. Of note: "cultural competence/health disparities: selected resources" at <http://www.umdnj.edu/lmc/resources/like3.pdf>

The Joint Commission appoints expert panel to help guide the study of language, cultural issues in hospitals

Source: Joint Commission Perspectives

URL:

Authors:

Volume/Year: 24(11), Nov 2004

The Joint Commission has established a panel of national experts to conduct a major study of hospital efforts to address cultural and linguistic issues that impact the quality and safety of patient care.

Catalog of Initiatives - Immigrant Health Project

Cultural Competence

The Kaiser Permanente care actors cultural issues videos

Source: Kaiser Permanente MultiMedia Communication, Los Angeles, CA (323-259-4776)

URL:

Authors:

Volume/Year:

Brief but dramatic vignettes are accompanied by support materials for facilitators and participants. Scripted with the help of physicians, nurses, and medical anthropologists. Raise issues around differing health beliefs and practices, values in conflict, stereotyping, overt and covert prejudices and language barriers. Series A - Diabetic compliance, pediatric asthma, somatic complaint, gay adolescent. Series B - birthing issues

The use of bilingual, bicultural paraprofessionals in mental health services

Source: Community Mental Health Journal

URL:

Authors: Musser-Granski J, Carrillo D

Volume/Year: 33, Feb 1997

Addresses the language and cultural barriers between refugee and immigrant populations and the provision of mental health services needed to adjust to life in this country. Discusses the role of paraprofessionals in mental health and addresses the issues and problems that can arise from the hiring, training and supervision of bilingual, bicultural paraprofessionals.

University of Kansas community toolbox

Source:

URL: <http://ctb.ku.edu/>

Authors:

Volume/Year:

Comprehensive resource for promoting community health and development. Provides wealth of practical skill-building information on over 250 different topics - including step-by-step instructions, examples, checklists, and related resources.

Domestic Violence

Somewhere to turn: Making domestic violence services accessible to battered immigrant women: A "how to" manual for battered women's advocates and service providers

Source: U.S. Department of Health and Human Services

URL: <http://www.vawnet.org/DomesticViolence/ServicesAndProgramDev/ServiceProvAndProg/BIW99summ.php>

Authors: Orloff L , Little R

Volume/Year: May 1999

Manual for battered women's advocates and service providers that provides materials to develop programs and services accessible to battered immigrants. Designed to educate and raise awareness about legal and social services affecting battered immigrants.

Catalog of Initiatives - Immigrant Health Project

Education

Children of immigrant families: Analysis

Source: The Future of Children

URL: http://www.futureofchildren.org/pubs-info2825/pubs-info_show.htm?doc_id=240166

Authors:

Volume/Year: 14(2), Summer 2004

The entire issue is devoted to children of immigrants. The articles explore what it means to "grow up American", covering topics such as demographics, economics, contexts of middle childhood, the transition from adolescence to adulthood, and how to respond strategically to promote healthy development. Recommendations focus on preschool and special education, parent support groups, after-school activities, history and culture, math, science and technology, bilingualism, enhanced outreach efforts, and children of the undocumented.

Cross Cultural Health Care Program

Source:

URL: <http://www.xculture.org/>

Authors:

Volume/Year:

Provides training and resources in cross cultural health, cultural competence, interpreter services, health promotion, legal issues, multicultural mental health, community based research, ethnic health advocacy, and government. Some of the projects described cover nutrition, cross-cultural workshop on tobacco, medical interpretation in obstetrical care, cultural competency practices for Medicaid managed care populations, cultural competency assessment in sexual assault programs.

Pew Hispanic Center

Source:

URL: <http://pewhispanic.org>

Authors:

Volume/Year:

Nonpartisan research organization that provides understanding of the U.S. Hispanic population. Focuses on eight key subject areas, including demography, economics, education, identity, immigration, labor, and politics. Also regularly conducts public opinion surveys that aim to illuminate Latino views on a range of social matters and public policy issues

Catalog of Initiatives - Immigrant Health Project

Health Education/Promotion (incl

A replicable process for redesigning ethnically relevant educational materials

Source: J Women's Health
URL: http://www.medscape.com/viewarticle/482934_print
Authors: Parra-Medina D, Wilcox S, Thompson-Robinson M, et al
Volume/Year: 13(5), 2004

Describes a replicable process used to redesign and tailor physical activity and diet education materials for African American women in the southeastern U.S. Provides information about CVD risk reduction and behavioral counseling for populations targeted by Well-Integrated Screening and Evaluation for Women across the Nation (WISEWOMAN).

Appropriate antibiotic use: Variation in knowledge and awareness by Hispanic ethnicity and language

Source: Preventive Medicine
URL: <http://www.sciencedirect.com/science/journal/00917435>
Authors: Corbett K, Gonzales R, Leeman-Castillo B, et al
Volume/Year: 40, 2005

Assesses knowledge, attitudes and awareness in an ethnically diverse community with less access to care, lower education, low income, low English proficiency and/or non mainstream cultural backgrounds.

Cultural Competence Resources

Source:
URL: <http://cecp.air.org/cultural/resources.htm>
Authors:
Volume/Year:

Website contains a list of organizations (with links) that provide information about cultural competence. Areas covered include: general information, training workshops and conferences, policy resources, and implementation resources.

Culturally competent services

Source: Maternal and Child Health library. National center for education in maternal and child health, Georgetown University
URL: http://www.mchlibrary.info/databases/action.lasso?-database=Biblio&-layout=Web&-response=BibLists/bib_cultcomp.html&-MaxRecords=all&-DoScript=auto_search_cultcomp&-search
Authors:
Volume/Year:

Includes selected materials published in 1990 or later that discuss assessing services for cultural sensitivity, developing culturally sensitive materials, and providing services in a multicultural health care context. The MCH Library focuses on publications from federal and state agencies, from grantees of federal and state agencies, and from professional and voluntary organizations.

Catalog of Initiatives - Immigrant Health Project

Health Education/Promotion (incl

Development of a tuberculosis education booklet for Latino immigrant patients

Source: Patient Education and Counseling

URL:

Authors: Cabrera DM, Morisky DE, Chin S

Volume/Year: 46, 2002

Describes the development of a tuberculosis education booklet for Latino immigrant patients. The purpose of the booklet is to reduce the language barrier between patients and providers, and to make Latino immigrants aware of the importance of anti-tuberculosis treatment.

Foreign language patient resources on the net

Source: Cedar Rapids Medical Education Foundation

URL: http://www.crmedf.org/CRMEF%20Online%20med%20reference%20links_files/ForLangRes.htm

Authors:

Volume/Year:

Gateway website that provides a list of resources for foreign language patients who are French, Chinese, German, Russian/Eurasian, Spanish or multilingual. Composed of links to information on immigrant health, women's health, health education, mental health, immunization and various other health topics.

Knowledge path: racial and ethnic disparities in health

Source: Maternal and Child Health library. National Center for Education in Maternal and Child Health

URL: http://www.mchlibrary.info/KnowledgePaths/kp_race.html

Authors:

Volume/Year:

Resources and links to various websites that address racial and ethnic disparities in health care. resources include electronic publications, webcasts, print publication, databases that provide data, literature and research, and programs, as well as consumer information. Topics include: cultural competence, health disparities, mental health, healthcare delivery, education, language, communities, maternal health, immunization, women's health

Knowledge path: Spanish-language health resources

Source: Maternal and Child Health Library, National Center for Education in Maternal Child Health.

URL: http://www.mchlibrary.info/knowledgepaths/kp_spanish.html

Authors:

Volume/Year:

The MCH library is a virtual guide to MCH information. Information includes the weekly newsletter MCH alert, resource guides, full text publications, databases, and links to MCH sites. MCH library is a comprehensive web portal for all things related to maternal and child health.

Catalog of Initiatives - Immigrant Health Project

Health Education/Promotion (incl

Lyme risk for immigrants to the United States: the role of an educational tool

Source: J Travel Med

URL:

Authors: Jenks NP, Trapasso J

Volume/Year: 12(3), May-June 2005

This study, which took place in a community with a large population of new immigrants, demonstrates a lack of awareness of Lyme disease. A short educational tool was proven effective in increasing recognition. The authors are affiliated with the Department of Internal Medicine, Hudson River Community Health, Peekskill, NY.

National Latina Health Network

Source:

URL: <http://www.nlhn.net/aboutus.asp>

Authors:

Volume/Year:

Provides resources such as leadership tools, advocacy, community health partnerships, health initiatives, education and outreach efforts to the Latino community. Topics of concern include access to the health care system, health insurance, adequate preventive medical care, and health education. Current programs include AIDS/HIV education and prevention, tobacco, diabetes

Spanish Medical Information

Source:

URL: <http://medlineplus.gov/esp/>

Authors:

Volume/Year:

Spanish language version of Medline plus, the National Library of Medicine's consumer health web site.

The Center for Health Professionals: The Network for Multicultural Health

Source:

URL: <http://futurehealth.ucsf.edu/TheNetwork/>

Authors:

Volume/Year:

Provides resources related to multicultural health, including patient resources, standards and regulations, training materials. It is also a gateway to various health programs that can be utilized to develop the multicultural health workforce. Of note, a toolkit for physicians and staff to address language access issues in their practice.

Catalog of Initiatives - Immigrant Health Project

Health Insurance

Access to health care for uninsured immigrants

Source: The New York Immigration Coalition
URL: <http://www.e-guana.net/organizations/org/uninsuredfaq.pdf>
Authors:
Volume/Year:

Highlights healthcare accessibility that New York State provides to uninsured immigrants, including: rights to emergency care, public health insurance and reduced payment rates. Also voices the common concerns of uninsured immigrants.

Center for Health Care Strategies

Source:
URL: <http://www.CHCS.org>
Authors:
Volume/Year:

CHCS works with state officials, health plan leaders, and consumer organizations across the country to improve health services for low-income families and for people with severe illnesses and disabilities whose needs cross over from the routine to the highly specialized. The website has a section devoted to racial and ethnic health disparities.

Cross Cultural Health Care Program

Source:
URL: <http://www.xculture.org/>
Authors:
Volume/Year:

Provides training and resources in cross cultural health, cultural competence, interpreter services, health promotion, legal issues, multicultural mental health, community based research, ethnic health advocacy, and government. Some of the projects described cover nutrition, cross-cultural workshop on tobacco, medical interpretation in obstetrical care, cultural competency practices for Medicaid managed care populations, cultural competency assessment in sexual assault programs.

Health insurance coverage of children of immigrants in the United States

Source: Department of Health Care Policy, Harvard Medical School
URL:
Authors: Huang, FY
Volume/Year: 1(2), June 1997

Assesses the health insurance coverage of children of immigrants in the United States and variations among immigrant groups.

Catalog of Initiatives - Immigrant Health Project

Health Insurance

Knowledge path: Spanish-language health resources

Source: Maternal and Child Health Library, National Center for Education in Maternal Child Health.

URL: http://www.mchlibrary.info/knowledgepaths/kp_spanish.html

Authors:

Volume/Year:

The MCH library is a virtual guide to MCH information. Information includes the weekly newsletter MCH alert, resource guides, full text publications, databases, and links to MCH sites. MCH library is a comprehensive web portal for all things related to maternal and child health.

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Reduction in racial and ethnic disparities after enrollment in the State Children's Health Insurance Program

Source: Pediatrics

URL: www.pediatrics.com

Authors: Shone LP, Dick AW, Klein JD, et al

Volume/Year: 115(6), June 2005

Describes demographic characteristics and previous health insurance experiences of SCHIP enrollees by race, compares racial/ethnic disparities in medical care access, continuity and quality before and during SCHIP and determines whether disparities before or during SCHIP are explained by sociodemographic and health system factors.

The New York Immigration Coalition

Source:

URL: <http://www.thenyic.org/>

Authors:

Volume/Year:

Umbrella policy and advocacy organization for approximately 150 groups in New York State that work with immigrants and refugees. Focuses on laws, policies, and practices that affect immigrants and the communities in which they live. Through its training institute, it offers hundreds of workshops and community education events each year on immigration and social services law and other issues of concern to immigrant communities. Examples of website materials: Improving immigrants' access to health care, access to mental health services in New York state, state legislation to improve communication in hospitals, frequently asked questions about immigrant eligibility for public health insurance.

Catalog of Initiatives - Immigrant Health Project

Health Issues

Cultural diversity: The Latino population in Brewster Village

Source: Putnam County Department of Health

URL:

Authors: Moura L

Volume/Year: 1999

Results of a survey provides information about the needs and problems of the growing Latino population in Putnam County's Brewster village.

McKinley Health Center Multicultural Health Clearinghouse

Source: University of Illinois at Urbana-Champaign

URL: <http://www.mckinley.uiuc.edu/multiculturalhealth/index.htm>

Authors:

Volume/Year:

Provides health and wellness information for underrepresented population groups. Intended to highlight health topics that are pertinent to each population but not necessarily exclusive to those groups. Links to health resources, organizations and minority health information.

Preventive health care and screening of Latin American immigrants in the United States

Source: JABFP

URL:

Authors: Weissman AM

Volume/Year: 7(4), July 1994

A review of the preventive health care needs of the Central and South American immigrant population in the US. Discusses screening strategies for various chronic and infectious conditions, as well as other quality of life indicators.

Understanding and responding to the health and mental health needs of Asian refugees

Source: Social Work in Health Care

URL:

Authors: Dhoooper SS, Tran TV

Volume/Year: 27(4), Jan 1998

Provides a look at the past experiences and present lives of Asian refugees, highlights their major problems and identifies their health and mental health needs.

Catalog of Initiatives - Immigrant Health Project

Health Literacy

Health literacy studies

Source: Harvard School of Public Health
URL: <http://www.hsph.harvard.edu/healthliteracy/>
Authors:
Volume/Year:

Provides health literacy literature, policy reports, initiatives dealing with participatory processes, diversity, information about health literacy talks, presentations, and papers and links to related resources.

Pfizer clear health communication initiative

Source: Pfizer Health Literacy
URL: <http://www.pfizerhealthliteracy.org/initiative.pdf>
Authors:
Volume/Year:

A initiative devised by Pfizer used to provide easy to read materials such as brochures about diseases and treatment, medical forms, and spoken instructions from doctors, nurses or pharmacists in order to improve health literacy.

Healthcare Delivery

A strategy to reduce cross-cultural miscommunication and increase the likelihood of improving health outcomes

Source: Academic Medicine
URL:
Authors: Kagawa-Singer M, Kassim-Lakha S
Volume/Year: 78(6), June 2003

Provides a method to improve the cultural competence of physicians, reduce cross-cultural miscommunication and improve health outcomes in ethnic minority populations within the U.S.

Acculturation and health beliefs of Mexican Americans regarding tuberculosis intervention

Source: J Immigrant Health
URL:
Authors: Rodriguez-Reimann DI, Nicassio P, Reimann JOF, et al
Volume/Year: 6(2), 2004

Catalog of Initiatives - Immigrant Health Project

Healthcare Delivery

Center for Healthy Families and Cultural Diversity

Source: UMDNJ-Robert Wood Johnson Medical School
URL: <http://www2.umdnj.edu/fmedweb/chfcd/index.htm>
Authors:
Volume/Year:

It has evolved from a program focused primarily on multicultural education and training for health professionals, to an expanded and growing resource for technical assistance, consultation, and research/evaluation services. Web portal that provides links to various organizations and resources dealing with cultural competence and health disparities.

Center for Immigrant Health

Source: New York University School of Medicine
URL: <http://www.med.nyu.edu/cih/>
Authors:
Volume/Year:

Dedicated to research, outreach and education, information dissemination, and program and policy development. At the community level, trains community members to provide outreach, education, and screening in a variety of areas, ranging from cancer to tuberculosis, to health system access. At the practitioner level, ongoing provider education, cross-linguistic and cross-cultural healthcare delivery, and immigrant and refugee epidemiologic issues. At the institutional level, technical assistance (i.e. medical interpretation systems developed and implemented, cultural competence trainings). Provides brochures on health care eligibility & access for immigrants in New York in a variety of languages. Site contains cross-cultural and immigrant health publications.

Child health in the multicultural environment.

Source: Thirty-first Ross Roundtable on critical approaches to common pediatric problems
URL:
Authors:
Volume/Year: Dec 1999

Explores ways to bridge the cultural gap in providing health care that meets patient needs and expectations. Describes strategies for maximizing patient-physician communication and for understanding patient-held beliefs, explores institutional racism, presents clinical programs that have been put in place to address multiculturalism, including a pediatric Latino clinic.

Cicatelli Associates Incorporated

Source:
URL: <http://www.cicatelli.org/AboutCAI/main.htm>
Authors:
Volume/Year:

Non-profit educational organization that provides training on various topics including women's reproductive health and pregnancy, HIV, immigrant health, culturally competent clinical care, GLBT health care, domestic violence, guidelines for assessing and treating post-traumatic stress disorder, integrating complementary therapy into clinical practice, cultural issues and clinical considerations.

Catalog of Initiatives - Immigrant Health Project

Healthcare Delivery

Community voices: Exploring cross-cultural care through cancer

Source: Harvard Center for Cancer Prevention, Harvard School of Public Health, Boston, MA (617-432-0038)

URL:

Authors: Greene J, Newell MS, Newell K

Volume/Year:

Video and facilitator's guide

Competence in health care: Emerging frameworks and practical approaches

Source: The Commonwealth Fund: Quality of care for underserved populations

URL: http://www.cmwf.org/usr_doc/betancourt_culturalcompetence_576.pdf

Authors: Betancourt. J, Green A, Carrillo E

Volume/Year: Oct 2002

Describes a cultural competence framework for addressing racial and ethnic disparities in health and healthcare. Discusses the socio-cultural barriers that exist at the organizational, structural and clinical levels of the healthcare system and a planned intervention to address issues with the delivery of healthcare to minorities.

Cross-cultural medicine

Source: American College of Physicians. Philadelphia, PA

URL:

Authors: Bigby J

Volume/Year: 2003

Book discusses cultural competence in medicine. Broken down into major ethnic/cultural groups. Numerous case examples to illustrate issues of cultural beliefs and how they affect provider-patient relationship, diagnosis, treatment, and patient compliance.

Cultural competence in health care: Emerging frameworks and practical approaches.

Source: The Commonwealth Fund

URL: <http://www.cmwf.org/publications/publications.htm>

Authors: Betancourt JR, Green AR, Carrillo JE

Volume/Year: Oct 2002

Describes a cultural competence framework for addressing racial and ethnic disparities in health and healthcare. Discusses the socio-cultural barriers that exist at the organizational, structural and clinical levels of the healthcare system and a planned intervention to address issues with the delivery of healthcare to minorities.

Catalog of Initiatives - Immigrant Health Project

Healthcare Delivery

Cultural Competence Resources

Source:

URL: <http://cecp.air.org/cultural/resources.htm>

Authors:

Volume/Year:

Website contains a list of organizations (with links) that provide information about cultural competence. Areas covered include: general information, training workshops and conferences, policy resources, and implementation resources.

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Source: Medical Care

URL:

Authors: Beach M, Price E, Gary T, et al

Volume/Year: 43(4), April 2005

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Culturally competent health care for adolescents. A guide for primary care health providers

Source: American Medical Association. Chicago, IL

URL:

Authors: Davis BJ, Voegtler KH

Volume/Year: 1994

Culturally competent services

Source: Maternal and Child Health library. National center for education in maternal and child health, Georgetown University

URL: http://www.mchlibrary.info/databases/action.lasso?-database=Biblio&-layout=Web&-response=BibLists/bib_cultcomp.html&-MaxRecords=all&-DoScript=auto_search_cultcomp&-search

Authors:

Volume/Year:

Includes selected materials published in 1990 or later that discuss assessing services for cultural sensitivity, developing culturally sensitive materials, and providing services in a multicultural health care context. The MCH Library focuses on publications from federal and state agencies, from grantees of federal and state agencies, and from professional and voluntary organizations.

Catalog of Initiatives - Immigrant Health Project

Healthcare Delivery

Development of a tuberculosis education booklet for Latino immigrant patients

Source: Patient Education and Counseling

URL:

Authors: Cabrera DM, Morisky DE, Chin S

Volume/Year: 46, 2002

Describes the development of a tuberculosis education booklet for Latino immigrant patients. The purpose of the booklet is to reduce the language barrier between patients and providers, and to make Latino immigrants aware of the importance of anti-tuberculosis treatment.

DiversityRx

Source:

URL: <http://www.diversityrx.org>

Authors:

Volume/Year:

Clearinghouse of information on how to meet the language and cultural needs of minorities, immigrants, refugees and other diverse populations seeking health care. In addition to offering basic facts about language and culture, the site offers information on models and practice, policies, and legal issues.

EthnoMed

Source:

URL: <http://www.ethnomed.org>

Authors:

Volume/Year:

Medical and cultural information on immigrant and refugee groups. Makes information about culture, language, health, illness and community resources directly accessible to healthcare providers. Designed for use in clinics by care providers.

Guide to culturally competent health care

Source: FA Davis. Philadelphia, PA

URL:

Authors: Purnell LD

Volume/Year: 2005

Quick reference for students and health care practitioners who provide direct patient care in diverse settings. Provides a summary of issues to be aware of, including cultural variations regarding personal space, dietary preferences, activities of daily living, communication, symptom management, activities of daily living, religious and health practices. Organized around the Purnell Model for Cultural Competence framework. Reviews 27 ethnic groups and provides specific instructions, guidelines, tips, warnings, interventional strategies and approaches highlighted and set apart after each applicable principle

Catalog of Initiatives - Immigrant Health Project

Healthcare Delivery

Handbook of multicultural counseling

Source: Sage Publishing. Thousand Oaks, CA

URL:

Authors: Ponterotto JG et al

Volume/Year: 1995

Offers perspectives on multicultural counseling. Includes historical perspectives on multicultural counseling, professional and ethical issues, counseling role in fighting oppression, psychological measurement theories, research design, and gender issues and higher education issues. The handbook is geared to counselors, counseling students, and other mental health professionals who are seeking to improve their competence in treating a culturally diverse clientele.

Immigration and Health Initiative

Source: Hunter College, School of Health Sciences, The City University of New York

URL: <http://www.hunter.cuny.edu/schoolhp/uph/immigration/programs.html>

Authors:

Volume/Year:

The Initiative is currently involved in three major areas of research: immigration & alternative healing, immigrant health & obesity, and ethnic return migration.

Knowledge path: racial and ethnic disparities in health

Source: Maternal and Child Health library. National Center for Education in Maternal and Child Health

URL: http://www.mchlibrary.info/KnowledgePaths/kp_race.html

Authors:

Volume/Year:

Resources and links to various websites that address racial and ethnic disparities in health care. resources include electronic publications, webcasts, print publication, databases that provide data, literature and research, and programs, as well as consumer information. Topics include: cultural competence, health disparities, mental health, healthcare delivery, education, language, communities, maternal health, immunization, women's health

Knowledge path: Spanish-language health resources

Source: Maternal and Child Health Library, National Center for Education in Maternal Child Health.

URL: http://www.mchlibrary.info/knowledgepaths/kp_spanish.html

Authors:

Volume/Year:

The MCH library is a virtual guide to MCH information. Information includes the weekly newsletter MCH alert, resource guides, full text publications, databases, and links to MCH sites. MCH library is a comprehensive web portal for all things related to maternal and child health.

Catalog of Initiatives - Immigrant Health Project

Healthcare Delivery

Latino families in therapy: a guide to multicultural practice

Source: Guilford Press. NY

URL:

Authors: Falicov CJ.

Volume/Year: 1998

Presents a framework for thinking about multiculturalism in therapy and provides insights and strategies for therapists working with Latino families. Intended for use by family therapists and other clinicians working with culturally diverse clientele, and can serve as a text in clinical courses in family therapy, social work, and counseling

Pfizer clear health communication initiative

Source: Pfizer Health Literacy

URL: <http://www.pfizerhealthliteracy.org/initiative.pdf>

Authors:

Volume/Year:

A initiative devised by Pfizer used to provide easy to read materials such as brochures about diseases and treatment, medical forms, and spoken instructions from doctors, nurses or pharmacists in order to improve health literacy.

Promoting health in multicultural populations: A handbook for practitioners

Source: Sage Publishing. Thousand Oaks, CA

URL:

Authors: Huff RM

Volume/Year: 1999

Offers assessment and implementation guidelines for promoting health in any cultural community. Explores the context of culture, cross-cultural concepts of health and disease, conceptual approaches to multicultural health promotion, and suggestions for planning health promotion for multicultural populations. Discusses Hispanic/Latino, African American, American Indian and Alaska Native, Asian American, and Pacific Islander populations, and describes the characteristics of the population, providing guidelines for practice and offering a case study.

Quality care for diverse population

Source: American Academy of Family Physicians, Leawood, KS (800-944-0000)

URL:

Authors: Bullock K, Epstein LG, Lewise RC, et al

Volume/Year:

Five vignettes depicting simulated physician-patient visits in an office setting as a means to explore ethnic and sociocultural issues found in today's diverse healthcare environment.

Catalog of Initiatives - Immigrant Health Project

Healthcare Delivery

Resident physicians' preparedness to provide cross-cultural care

Source: JAMA

URL:

Authors: Weissman JS, Betancourt J, Campbell EG, et al

Volume/Year: 294(9), Sept 2005

Assesses resident physicians attitudes about cross cultural care, perceptions of their preparedness to deliver quality care to diverse patient populations and educational experiences and educational climates regarding cross-cultural training.

Sex in the new world: An empowerment model for HIV prevention in Latina immigrant women

Source: Health Education & Behavior

URL:

Authors: Gomez C, Hernandez M, Faigles B

Volume/Year: 26(2), April 1999

Study aimed at increasing awareness of and decreasing the occurrence of HIV risk behavior among Latina immigrant women, by examining economic disadvantage, language barriers and strong cultural gender norms.

Speaking of health: Assessing health communication strategies for diverse populations

Source: Institute of Medicine

URL: <http://www.iom.edu/report.asp?id=4471>

Authors:

Volume/Year: July 2002

This report addresses the challenge of improving health communications in a racially and culturally diverse society. Although messages tailored to specific audiences can be effective, the report describes the difficulty and complexity of categorizing audiences.

The Center for Health Professionals: The Network for Multicultural Health

Source:

URL: <http://futurehealth.ucsf.edu/TheNetwork/>

Authors:

Volume/Year:

Provides resources related to multicultural health, including patient resources, standards and regulations, training materials. It is also a gateway to various health programs that can be utilized to develop the multicultural health workforce. Of note, a toolkit for physicians and staff to address language access issues in their practice.

Catalog of Initiatives - Immigrant Health Project

Healthcare Delivery

The Kaiser Permanente care actors cultural issues videos

Source: Kaiser Permanente MultiMedia Communication, Los Angeles, CA (323-259-4776)

URL:

Authors:

Volume/Year:

Brief but dramatic vignettes are accompanied by support materials for facilitators and participants. Scripted with the help of physicians, nurses, and medical anthropologists. Raise issues around differing health beliefs and practices, values in conflict, stereotyping, overt and covert prejudices and language barriers. Series A - Diabetic compliance, pediatric asthma, somatic complaint, gay adolescent. Series B - birthing issues

The New York Immigration Coalition

Source:

URL: <http://www.thenyic.org/>

Authors:

Volume/Year:

Umbrella policy and advocacy organization for approximately 150 groups in New York State that work with immigrants and refugees. Focuses on laws, policies, and practices that affect immigrants and the communities in which they live. Through its training institute, it offers hundreds of workshops and community education events each year on immigration and social services law and other issues of concern to immigrant communities. Examples of website materials: Improving immigrants' access to health care, access to mental health services in New York state, state legislation to improve communication in hospitals, frequently asked questions about immigrant eligibility for public health insurance.

The use of bilingual, bicultural paraprofessionals in mental health services

Source: Community Mental Health Journal

URL:

Authors: Musser-Granski J, Carrillo D

Volume/Year: 33, Feb 1997

Addresses the language and cultural barriers between refugee and immigrant populations and the provision of mental health services needed to adjust to life in this country. Discusses the role of paraprofessionals in mental health and addresses the issues and problems that can arise from the hiring, training and supervision of bilingual, bicultural paraprofessionals.

Catalog of Initiatives - Immigrant Health Project

Language

A model to improve the utilization of health and social services in the Latino community

Source: Journal of Health & Social Policy

URL:

Authors: Lecca P, Gutierrez J, Tijerina G

Volume/Year: 8(2), 1996

Proposes a model to improve the utilization of health and social services by Latinos. Areas of focus include ethnic sensitive management and service delivery, bilingual-bicultural staff, cultural training of non-Latino staff.

Appropriate antibiotic use: Variation in knowledge and awareness by Hispanic ethnicity and language

Source: Preventive Medicine

URL: <http://www.sciencedirect.com/science/journal/00917435>

Authors: Corbett K, Gonzales R, Leeman-Castillo B, et al

Volume/Year: 40, 2005

Assesses knowledge, attitudes and awareness in an ethnically diverse community with less access to care, lower education, low income, low English proficiency and/or non mainstream cultural backgrounds.

Center for Immigrant Health

Source: New York University School of Medicine

URL: <http://www.med.nyu.edu/cih/>

Authors:

Volume/Year:

Dedicated to research, outreach and education, information dissemination, and program and policy development. At the community level, trains community members to provide outreach, education, and screening in a variety of areas, ranging from cancer to tuberculosis, to health system access. At the practitioner level, ongoing provider education, cross-linguistic and cross-cultural healthcare delivery, and immigrant and refugee epidemiologic issues. At the institutional level, technical assistance (i.e. medical interpretation systems developed and implemented, cultural competence trainings). Provides brochures on health care eligibility & access for immigrants in New York in a variety of languages. Site contains cross-cultural and immigrant health publications.

Child health in the multicultural environment.

Source: Thirty-first Ross Roundtable on critical approaches to common pediatric problems

URL:

Authors:

Volume/Year: Dec 1999

Explores ways to bridge the cultural gap in providing health care that meets patient needs and expectations. Describes strategies for maximizing patient-physician communication and for understanding patient-held beliefs, explores institutional racism, presents clinical programs that have been put in place to address multiculturalism, including a pediatric Latino clinic.

Catalog of Initiatives - Immigrant Health Project

Language

Children of immigrant families: Analysis

Source: The Future of Children

URL: http://www.futureofchildren.org/pubs-info2825/pubs-info_show.htm?doc_id=240166

Authors:

Volume/Year: 14(2), Summer 2004

The entire issue is devoted to children of immigrants. The articles explore what it means to "grow up American", covering topics such as demographics, economics, contexts of middle childhood, the transition from adolescence to adulthood, and how to respond strategically to promote healthy development. Recommendations focus on preschool and special education, parent support groups, after-school activities, history and culture, math, science and technology, bilingualism, enhanced outreach efforts, and children of the undocumented.

Cross Cultural Health Care Program

Source:

URL: <http://www.xculture.org/>

Authors:

Volume/Year:

Provides training and resources in cross cultural health, cultural competence, interpreter services, health promotion, legal issues, multicultural mental health, community based research, ethnic health advocacy, and government. Some of the projects described cover nutrition, cross-cultural workshop on tobacco, medical interpretation in obstetrical care, cultural competency practices for Medicaid managed care populations, cultural competency assessment in sexual assault programs.

Crossing the language chasm

Source: Health Affairs

URL:

Authors: Brach C, Fraser I, Paez K

Volume/Year: 24(2), March/Apr 2005

Drawing on the experiences of fourteen health plans that have been at the forefront of linguistic competence efforts, identifies lessons for plans, purchasers, policymakers, and researchers on ways to improve the availability and quality of interpreter services.

Development of a tuberculosis education booklet for Latino immigrant patients

Source: Patient Education and Counseling

URL:

Authors: Cabrera DM, Morisky DE, Chin S

Volume/Year: 46, 2002

Describes the development of a tuberculosis education booklet for Latino immigrant patients. The purpose of the booklet is to reduce the language barrier between patients and providers, and to make Latino immigrants aware of the importance of anti-tuberculosis treatment.

Catalog of Initiatives - Immigrant Health Project

Language

DiversityRx

Source:

URL: <http://www.diversityrx.org>

Authors:

Volume/Year:

Clearinghouse of information on how to meet the language and cultural needs of minorities, immigrants, refugees and other diverse populations seeking health care. In addition to offering basic facts about language and culture, the site offers information on models and practice, policies, and legal issues.

Ethnologue

Source:

URL: <http://www.ethnologue.com>

Authors:

Volume/Year:

Provides a language database, languages maps, an extensive bibliography keyed to language information, software language tools and a bookstore that contains books used in research and as textbooks for advanced linguistic studies.

EthnoMed

Source:

URL: <http://www.ethnomed.org>

Authors:

Volume/Year:

Medical and cultural information on immigrant and refugee groups. Makes information about culture, language, health, illness and community resources directly accessible to healthcare providers. Designed for use in clinics by care providers.

Foreign language patient resources on the net

Source: Cedar Rapids Medical Education Foundation

URL: http://www.crmef.org/CRMEF%20Online%20med%20reference%20links_files/ForLangRes.htm

Authors:

Volume/Year:

Gateway website that provides a list of resources for foreign language patients who are French, Chinese, German, Russian/Eurasian, Spanish or multilingual. Composed of links to information on immigrant health, women's health, health education, mental health, immunization and various other health topics.

Catalog of Initiatives - Immigrant Health Project

Language

Knowledge path: racial and ethnic disparities in health

Source: Maternal and Child Health library. National Center for Education in Maternal and Child Health

URL: http://www.mchlibrary.info/KnowledgePaths/kp_race.html

Authors:

Volume/Year:

Resources and links to various websites that address racial and ethnic disparities in health care. resources include electronic publications, webcasts, print publication, databases that provide data, literature and research, and programs, as well as consumer information. Topics include: cultural competence, health disparities, mental health, healthcare delivery, education, language, communities, maternal health, immunization, women's health

Language access to health care - a study of four New York hospitals

Source: The New York Immigration Coalition

URL: http://thenyic.org/images/uploads/Hospitals_Findings_Final_022404.pdf

Authors:

Volume/Year:

Language access monitoring effort involving hospitals serving immigrant communities in New York City. Surveys were conducted among Haitian-Creole, Korean, Latinos and Russians.

Language services action kit: Interpreter services in health care settings for people with limited English proficiency

Source: The Access Project

URL: http://www.accessproject.org/adobe/language_services_action_kit.pdf

Authors:

Volume/Year: Feb 2004

Language services action kit developed by The Access Project and the National Health Law Program that is used to provide language assistance services, in medical settings, to people with limited English proficiency. Kits are available in English and Spanish.

National Center for Cultural Competence

Source:

URL: <http://gucchd.georgetown.edu/nccc/links.html>

Authors:

Volume/Year:

Comprehensive web portal with a focus on training, technical assistance, consultation, facilitating networking, linkages, and information exchange. The NCCC has particular expertise in developing instruments and conducting organizational self-assessment processes to advance cultural and linguistic competency. Also maintains a database of a wide range of resources on cultural and linguistic competence (e.g. demographic information, policies, practices, articles, books, research initiatives and findings, curricula, multimedia materials and Web sites, etc. Site contents available in Spanish.

Catalog of Initiatives - Immigrant Health Project

Language

Overcoming language barriers in health care: Costs and benefits of interpreter services

Source: American Journal of Public Health

URL:

Authors: Jacobs EA, Shepard DS, Suaya JA, et al

Volume/Year: 94(4), May 2004

Assesses the impact of interpreter services on the cost and the utilization of health care services among patients with limited English proficiency.

Providing language interpretation services in health care settings: Examples from the field

Source: The Commonwealth Fund

URL: http://www.cmwf.org/publications/publications_show.htm?doc_id=221272

Authors: Youdelman M, Perkins J

Volume/Year: Publication 541, May 2002

Variety of programs around the country that provide interpretation services in healthcare settings, and also identifies federal, state, local and private funding sources for interpretation services.

Providing language services in small health care provider settings: Examples from the field

Source: The Commonwealth Fund

URL: http://www.cmwf.org/publications/publications_show.htm?doc_id=270667

Authors: Youdelman M, Perkins J

Volume/Year: Publication 810, April 2005

The National Health Law Program conducted site visits and phone interviews at small healthcare providers to assess current innovations. Practices include recruiting bilingual staff for dual roles, ongoing cultural and language competency training for interpreter staff, using community resources like hospitals, managed care organizations and volunteers, and capitalizing on underutilized funding sources.

Sex in the new world: An empowerment model for HIV prevention in Latina immigrant women

Source: Health Education & Behavior

URL:

Authors: Gomez C, Hernandez M, Faigles B

Volume/Year: 26(2), April 1999

Study aimed at increasing awareness of and decreasing the occurrence of HIV risk behavior among Latina immigrant women, by examining economic disadvantage, language barriers and strong cultural gender norms.

Catalog of Initiatives - Immigrant Health Project

Language

The 2nd Latino Medical Conference

Source: University of Medicine & Dentistry of New Jersey

URL: <http://www.umdnj.edu/lmc/index.html>

Authors:

Volume/Year:

Provides insight into and information about, successful models and strategies for addressing access to health care, obtaining consistent and comparable data for monitoring, mandating cultural and linguistic competency training for all healthcare professionals. conference materials can be viewed, downloaded or printed and do not necessarily address Latin American populations. Of note: "cultural competence/health disparities: selected resources" at <http://www.umdnj.edu/lmc/resources/like3.pdf>

The Access Project

Source:

URL: <http://www.accessproject.org/index.html>

Authors:

Volume/Year:

Provides resources to support local initiatives and community leaders to strengthen community action, promote social change, and improve health. Focuses on access to care and language barriers. Numerous links to other organizations and resources, including links to linguistic barriers to health care. Projects of interest: access to health care for people with limited english proficiency (including numerous links) and a language services action kit.

The Center for Health Professionals: The Network for Multicultural Health

Source:

URL: <http://futurehealth.ucsf.edu/TheNetwork/>

Authors:

Volume/Year:

Provides resources related to multicultural health, including patient resources, standards and regulations, training materials. It is also a gateway to various health programs that can be utilized to develop the multicultural health workforce. Of note, a toolkit for physicians and staff to address language access issues in their practice.

The Joint Commission appoints expert panel to help guide the study of language, cultural issues in hospitals

Source: Joint Commission Perspectives

URL:

Authors:

Volume/Year: 24(11), Nov 2004

The Joint Commission has established a panel of national experts to conduct a major study of hospital efforts to address cultural and linguistic issues that impact the quality and safety of patient care.

Catalog of Initiatives - Immigrant Health Project

Language

The Kaiser Permanente care actors cultural issues videos

Source: Kaiser Permanente MultiMedia Communication, Los Angeles, CA (323-259-4776)

URL:

Authors:

Volume/Year:

Brief but dramatic vignettes are accompanied by support materials for facilitators and participants. Scripted with the help of physicians, nurses, and medical anthropologists. Raise issues around differing health beliefs and practices, values in conflict, stereotyping, overt and covert prejudices and language barriers. Series A - Diabetic compliance, pediatric asthma, somatic complaint, gay adolescent. Series B - birthing issues

The New York Immigration Coalition

Source:

URL: <http://www.thenyic.org/>

Authors:

Volume/Year:

Umbrella policy and advocacy organization for approximately 150 groups in New York State that work with immigrants and refugees. Focuses on laws, policies, and practices that affect immigrants and the communities in which they live. Through its training institute, it offers hundreds of workshops and community education events each year on immigration and social services law and other issues of concern to immigrant communities. Examples of website materials: Improving immigrants' access to health care, access to mental health services in New York state, state legislation to improve communication in hospitals, frequently asked questions about immigrant eligibility for public health insurance.

The use of bilingual, bicultural paraprofessionals in mental health services

Source: Community Mental Health Journal

URL:

Authors: Musser-Granski J, Carrillo D

Volume/Year: 33, Feb 1997

Addresses the language and cultural barriers between refugee and immigrant populations and the provision of mental health services needed to adjust to life in this country. Discusses the role of paraprofessionals in mental health and addresses the issues and problems that can arise from the hiring, training and supervision of bilingual, bicultural paraprofessionals.

Catalog of Initiatives - Immigrant Health Project

Legal Issues

Access to health care for uninsured immigrants

Source: The New York Immigration Coalition

URL: <http://www.e-guana.net/organizations/org/uninsuredfaq.pdf>

Authors:

Volume/Year:

Highlights healthcare accessibility that New York State provides to uninsured immigrants, including: rights to emergency care, public health insurance and reduced payment rates. Also voices the common concerns of uninsured immigrants.

Center for Immigrant Health

Source: New York University School of Medicine

URL: <http://www.med.nyu.edu/cih/>

Authors:

Volume/Year:

Dedicated to research, outreach and education, information dissemination, and program and policy development. At the community level, trains community members to provide outreach, education, and screening in a variety of areas, ranging from cancer to tuberculosis, to health system access. At the practitioner level, ongoing provider education, cross-linguistic and cross-cultural healthcare delivery, and immigrant and refugee epidemiologic issues. At the institutional level, technical assistance (i.e. medical interpretation systems developed and implemented, cultural competence trainings). Provides brochures on health care eligibility & access for immigrants in New York in a variety of languages. Site contains cross-cultural and immigrant health publications.

Cross Cultural Health Care Program

Source:

URL: <http://www.xculture.org/>

Authors:

Volume/Year:

Provides training and resources in cross cultural health, cultural competence, interpreter services, health promotion, legal issues, multicultural mental health, community based research, ethnic health advocacy, and government. Some of the projects described cover nutrition, cross-cultural workshop on tobacco, medical interpretation in obstetrical care, cultural competency practices for Medicaid managed care populations, cultural competency assessment in sexual assault programs.

Cultural Competence Resources

Source:

URL: <http://cecp.air.org/cultural/resources.htm>

Authors:

Volume/Year:

Website contains a list of organizations (with links) that provide information about cultural competence. Areas covered include: general information, training workshops and conferences, policy resources, and implementation resources.

Catalog of Initiatives - Immigrant Health Project

Legal Issues

DiversityRx

Source:

URL: <http://www.diversityrx.org>

Authors:

Volume/Year:

Clearinghouse of information on how to meet the language and cultural needs of minorities, immigrants, refugees and other diverse populations seeking health care. In addition to offering basic facts about language and culture, the site offers information on models and practice, policies, and legal issues.

Immigrant women's health: Problems and solutions

Source: Jossey-Bass. San Francisco, CA

URL:

Authors: Kramer EJ

Volume/Year: 1999

Geared to healthcare planners, policy makers, and administrators and provides insights into the knowledge, attitudes, health beliefs, healthcare practices, and healthcare seeking behavior of immigrant women. The text also offers effective strategies for providing culturally competent, high-quality, cost-effective care to migrant women. It also addresses the effects of recent changes to federal policies.

Knowledge path: Spanish-language health resources

Source: Maternal and Child Health Library, National Center for Education in Maternal Child Health.

URL: http://www.mchlibrary.info/knowledgepaths/kp_spanish.html

Authors:

Volume/Year:

The MCH library is a virtual guide to MCH information. Information includes the weekly newsletter MCH alert, resource guides, full text publications, databases, and links to MCH sites. MCH library is a comprehensive web portal for all things related to maternal and child health.

National Latina Institute for Reproductive Health

Source:

URL: <http://www.latinainstitute.org>

Authors:

Volume/Year:

Organization that seeks to ensure the right to reproductive health for Latinas, their families and their communities through education, advocacy and coalition building. Website contains publications, policy briefs and reports

Catalog of Initiatives - Immigrant Health Project

Legal Issues

Pew Hispanic Center

Source:

URL: <http://pewhispanic.org>

Authors:

Volume/Year:

Nonpartisan research organization that provides understanding of the U.S. Hispanic population. Focuses on eight key subject areas, including demography, economics, education, identity, immigration, labor, and politics. Also regularly conducts public opinion surveys that aim to illuminate Latino views on a range of social matters and public policy issues

Somewhere to turn: Making domestic violence services accessible to battered immigrant women: A "how to" manual for battered women's advocates and service providers

Source: U.S. Department of Health and Human Services

URL: <http://www.vawnet.org/DomesticViolence/ServicesAndProgramDev/ServiceProvAndProg/BIW99summ.php>

Authors: Orloff L , Little R

Volume/Year: May 1999

Manual for battered women's advocates and service providers that provides materials to develop programs and services accessible to battered immigrants. Designed to educate and raise awareness about legal and social services affecting battered immigrants.

The New York Immigration Coalition

Source:

URL: <http://www.thenyic.org/>

Authors:

Volume/Year:

Umbrella policy and advocacy organization for approximately 150 groups in New York State that work with immigrants and refugees. Focuses on laws, policies, and practices that affect immigrants and the communities in which they live. Through its training institute, it offers hundreds of workshops and community education events each year on immigration and social services law and other issues of concern to immigrant communities. Examples of website materials: Improving immigrants' access to health care, access to mental health services in New York state, state legislation to improve communication in hospitals, frequently asked questions about immigrant eligibility for public health insurance.

Catalog of Initiatives - Immigrant Health Project

Mental Health

Cross Cultural Health Care Program

Source:

URL: <http://www.xculture.org/>

Authors:

Volume/Year:

Provides training and resources in cross cultural health, cultural competence, interpreter services, health promotion, legal issues, multicultural mental health, community based research, ethnic health advocacy, and government. Some of the projects described cover nutrition, cross-cultural workshop on tobacco, medical interpretation in obstetrical care, cultural competency practices for Medicaid managed care populations, cultural competency assessment in sexual assault programs.

Knowledge path: racial and ethnic disparities in health

Source: Maternal and Child Health library. National Center for Education in Maternal and Child Health

URL: http://www.mchlibrary.info/KnowledgePaths/kp_race.html

Authors:

Volume/Year:

Resources and links to various websites that address racial and ethnic disparities in health care. resources include electronic publications, webcasts, print publication, databases that provide data, literature and research, and programs, as well as consumer information. Topics include: cultural competence, health disparities, mental health, healthcare delivery, education, language, communities, maternal health, immunization, women's health

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The use of bilingual, bicultural paraprofessionals in mental health services

Source: Community Mental Health Journal

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Authors: Musser-Granski J, Carrillo D

Volume/Year: 33, Feb 1997

Addresses the language and cultural barriers between refugee and immigrant populations and the provision of mental health services needed to adjust to life in this country. Discusses the role of paraprofessionals in mental health and addresses the issues and problems that can arise from the hiring, training and supervision of bilingual, bicultural paraprofessionals.

Catalog of Initiatives - Immigrant Health Project

Nutrition

Cross Cultural Health Care Program

Source:

URL: <http://www.xculture.org/>

Authors:

Volume/Year:

Provides training and resources in cross cultural health, cultural competence, interpreter services, health promotion, legal issues, multicultural mental health, community based research, ethnic health advocacy, and government. Some of the projects described cover nutrition, cross-cultural workshop on tobacco, medical interpretation in obstetrical care, cultural competency practices for Medicaid managed care populations, cultural competency assessment in sexual assault programs.

Immigration and Health Initiative

Source: Hunter College, School of Health Sciences, The City University of New York

URL: <http://www.hunter.cuny.edu/schoolhp/uph/immigration/programs.html>

Authors:

Volume/Year:

The Initiative is currently involved in three major areas of research: immigration & alternative healing, immigrant health & obesity, and ethnic return migration.

Outreach

The 2nd Latino Medical Conference

Source: University of Medicine & Dentistry of New Jersey

URL: <http://www.umdj.edu/lmc/index.html>

Authors:

Volume/Year:

Provides insight into and information about, successful models and strategies for addressing access to health care, obtaining consistent and comparable data for monitoring, mandating cultural and linguistic competency training for all healthcare professionals. conference materials can be viewed, downloaded or printed and do not necessarily address Latin American populations. Of note: "cultural competence/health disparities: selected resources" at <http://www.umdj.edu/lmc/resources/like3.pdf>

University of Kansas community toolbox

Source:

URL: <http://ctb.ku.edu/>

Authors:

Volume/Year:

Comprehensive resource for promoting community health and development. Provides wealth of practical skill-building information on over 250 different topics - including step-by-step instructions, examples, checklists, and related resources.

Catalog of Initiatives - Immigrant Health Project

Professional Trainings

A model to improve the utilization of health and social services in the Latino community

Source: Journal of Health & Social Policy

URL:

Authors: Lecca P, Gutierrez J, Tijerina G

Volume/Year: 8(2), 1996

Proposes a model to improve the utilization of health and social services by Latinos. Areas of focus include ethnic sensitive management and service delivery, bilingual-bicultural staff, cultural training of non-Latino staff.

Center for Cross-Cultural Health

Source:

URL: <http://www.crosshealth.com>

Authors:

Volume/Year:

CCCH seeks to integrate cultural competency into health and human services through information, training, research, and consulting. It also serves as an information resource by offering publications, referrals, newsletters and networking opportunities.

Center for Healthy Families and Cultural Diversity

Source: UMDNJ-Robert Wood Johnson Medical School

URL: <http://www2.umdj.edu/fmedweb/chfcd/index.htm>

Authors:

Volume/Year:

It has evolved from a program focused primarily on multicultural education and training for health professionals, to an expanded and growing resource for technical assistance, consultation, and research/evaluation services. Web portal that provides links to various organizations and resources dealing with cultural competence and health disparities.

Center for Immigrant Health

Source: New York University School of Medicine

URL: <http://www.med.nyu.edu/cih/>

Authors:

Volume/Year:

Dedicated to research, outreach and education, information dissemination, and program and policy development. At the community level, trains community members to provide outreach, education, and screening in a variety of areas, ranging from cancer to tuberculosis, to health system access. At the practitioner level, ongoing provider education, cross-linguistic and cross-cultural healthcare delivery, and immigrant and refugee epidemiologic issues. At the institutional level, technical assistance (i.e. medical interpretation systems developed and implemented, cultural competence trainings). Provides brochures on health care eligibility & access for immigrants in New York in a variety of languages. Site contains cross-cultural and immigrant health publications.

Catalog of Initiatives - Immigrant Health Project

Professional Trainings

Cicatelli Associates Incorporated

Source:

URL: <http://www.cicatelli.org/AboutCAI/main.htm>

Authors:

Volume/Year:

Non-profit educational organization that provides training on various topics including women's reproductive health and pregnancy, HIV, immigrant health, culturally competent clinical care, GLBT health care, domestic violence, guidelines for assessing and treating post-traumatic stress disorder, integrating complementary therapy into clinical practice, cultural Issues and clinical considerations.

Community voices: Exploring cross-cultural care through cancer

Source: Harvard Center for Cancer Prevention, Harvard School of Public Health, Boston, MA (617-432-0038)

URL:

Authors: Greene J, Newell MS, Newell K

Volume/Year:

Video and facilitator's guide

Cross Cultural Health Care Program

Source:

URL: <http://www.xculture.org/>

Authors:

Volume/Year:

Provides training and resources in cross cultural health, cultural competence, interpreter services, health promotion, legal issues, multicultural mental health, community based research, ethnic health advocacy, and government. Some of the projects described cover nutrition, cross-cultural workshop on tobacco, medical interpretation in obstetrical care, cultural competency practices for Medicaid managed care populations, cultural competency assessment in sexual assault programs.

Cultural Competence Resources

Source:

URL: <http://cecp.air.org/cultural/resources.htm>

Authors:

Volume/Year:

Website contains a list of organizations (with links) that provide information about cultural competence. Areas covered include: general information, training workshops and conferences, policy resources, and implementation resources.

Catalog of Initiatives - Immigrant Health Project

Professional Trainings

Cultural competence: A systematic review of health care provider educational interventions.

Source: Medical Care
URL:
Authors: Beach M, Price E, Gary T, et al
Volume/Year: 43(4), April 2005

Findings of studies evaluating interventions to improve the cultural competence of health professionals.

Guide to culturally competent health care

Source: FA Davis. Philadelphia, PA
URL:
Authors: Purnell LD
Volume/Year: 2005

Quick reference for students and health care practitioners who provide direct patient care in diverse settings. Provides a summary of issues to be aware of, including cultural variations regarding personal space, dietary preferences, activities of daily living, communication, symptom management, activities of daily living, religious and health practices. Organized around the Purnell Model for Cultural Competence framework. Reviews 27 ethnic groups and provides specific instructions, guidelines, tips, warnings, interventional strategies and approaches highlighted and set apart after each applicable principle

Handbook of multicultural counseling

Source: Sage Publishing. Thousand Oaks, CA
URL:
Authors: Ponterotto JG et al
Volume/Year: 1995

Offers perspectives on multicultural counseling. Includes historical perspectives on multicultural counseling, professional and ethical issues, counseling role in fighting oppression, psychological measurement theories, research design, and gender issues and higher education issues. The handbook is geared to counselors, counseling students, and other mental health professionals who are seeking to improve their competence in treating a culturally diverse clientele.

Latino families in therapy: a guide to multicultural practice

Source: Guilford Press. NY
URL:
Authors: Falicov CJ.
Volume/Year: 1998

Presents a framework for thinking about multiculturalism in therapy and provides insights and strategies for therapists working with Latino families. Intended for use by family therapists and other clinicians working with culturally diverse clientele, and can serve as a text in clinical courses in family therapy, social work, and counseling

Catalog of Initiatives - Immigrant Health Project

Professional Trainings

National Center for Cultural Competence

Source:

URL: <http://gucchd.georgetown.edu/nccc/links.html>

Authors:

Volume/Year:

Comprehensive web portal with a focus on training, technical assistance, consultation, facilitating networking, linkages, and information exchange. The NCCC has particular expertise in developing instruments and conducting organizational self-assessment processes to advance cultural and linguistic competency. Also maintains a database of a wide range of resources on cultural and linguistic competence (e.g. demographic information, policies, practices, articles, books, research initiatives and findings, curricula, multimedia materials and Web sites, etc. Site contents available in Spanish.

New York New Jersey Public Health Training Center

Source:

URL: <http://www.nynj-phtc.org/>

Authors:

Volume/Year:

The Center is a collaborative endeavor of the Columbia University Mailman school of Public Health, the University at Albany School of Public Health, and the University of Medicine and Dentistry of New Jersey – School of public health and state, city, county and local health departments throughout New York and New Jersey. It assesses the needs of the public health workforce, facilitates access to existing training programs, and develops new training programs. It also seeks to improve access to a diverse and culturally competent public health workforce using the cross-cltural communication teaching modules and the “communicate to make a difference” course series.

Providing language services in small health care provider settings: Examples from the field

Source: The Commonwealth Fund

URL: http://www.cmwf.org/publications/publications_show.htm?doc_id=270667

Authors: Youdelman M, Perkins J

Volume/Year: Publication 810, April 2005

The National Health Law Program conducted site visits and phone interviews at small healthcare providers to assess current innovations. Practices include recruiting bilingual staff for dual roles, ongoing cultural and language competency training for interpreter staff, using community resources like hospitals, managed care organizations and volunteers, and capitalizing on underutilized funding sources.

Catalog of Initiatives - Immigrant Health Project

Professional Trainings

Quality care for diverse population

Source: American Academy of Family Physicians, Leawood, KS (800-944-0000)

URL:

Authors: Bullock K, Epstein LG, Lewise RC, et al

Volume/Year:

Five vignettes depicting simulated physician-patient visits in an office setting as a means to explore ethnic and sociocultural issues found in today's diverse healthcare environment.

Resident physicians' preparedness to provide cross-cultural care

Source: JAMA

URL:

Authors: Weissman JS, Betancourt J, Campbell EG, et al

Volume/Year: 294(9), Sept 2005

Assesses resident physicians attitudes about cross cultural care, perceptions of their preparedness to deliver quality care to diverse patient populations and educational experiences and educational climates regarding cross-cultural training.

The 2nd Latino Medical Conference

Source: University of Medicine & Dentistry of New Jersey

URL: <http://www.umdj.edu/lmc/index.html>

Authors:

Volume/Year:

Provides insight into and information about, successful models and strategies for addressing access to health care, obtaining consistent and comparable data for monitoring, mandating cultural and linguistic competency training for all healthcare professionals. conference materials can be viewed, downloaded or printed and do not necessarily address Latin American populations. Of note: "cultural competence/health disparities: selected resources" at <http://www.umdj.edu/lmc/resources/like3.pdf>

The Center for Health Professionals: The Network for Multicultural Health

Source:

URL: <http://futurehealth.ucsf.edu/TheNetwork/>

Authors:

Volume/Year:

Provides resources related to multicultural health, including patient resources, standards and regulations, training materials. It is also a gateway to various health programs that can be utilized to develop the multicultural health workforce. Of note, a toolkit for physicians and staff to address language access issues in their practice.

Catalog of Initiatives - Immigrant Health Project

Professional Trainings

The Kaiser Permanente care actors cultural issues videos

Source: Kaiser Permanente MultiMedia Communication, Los Angeles, CA (323-259-4776)

URL:

Authors:

Volume/Year:

Brief but dramatic vignettes are accompanied by support materials for facilitators and participants. Scripted with the help of physicians, nurses, and medical anthropologists. Raise issues around differing health beliefs and practices, values in conflict, stereotyping, overt and covert prejudices and language barriers. Series A - Diabetic compliance, pediatric asthma, somatic complaint, gay adolescent. Series B - birthing issues

The New York Immigration Coalition

Source:

URL: <http://www.thenyic.org/>

Authors:

Volume/Year:

Umbrella policy and advocacy organization for approximately 150 groups in New York State that work with immigrants and refugees. Focuses on laws, policies, and practices that affect immigrants and the communities in which they live. Through its training institute, it offers hundreds of workshops and community education events each year on immigration and social services law and other issues of concern to immigrant communities. Examples of website materials: Improving immigrants' access to health care, access to mental health services in New York state, state legislation to improve communication in hospitals, frequently asked questions about immigrant eligibility for public health insurance.

Program/Intervention Methods

A model to improve the utilization of health and social services in the Latino community

Source: Journal of Health & Social Policy

URL:

Authors: Lecca P, Gutierrez J, Tijerina G

Volume/Year: 8(2), 1996

Proposes a model to improve the utilization of health and social services by Latinos. Areas of focus include ethnic sensitive management and service delivery, bilingual-bicultural staff, cultural training of non-Latino staff.

Catalog of Initiatives - Immigrant Health Project

Program/Intervention Methods

Center for Immigrant Health

Source: New York University School of Medicine

URL: <http://www.med.nyu.edu/cih/>

Authors:

Volume/Year:

Dedicated to research, outreach and education, information dissemination, and program and policy development. At the community level, trains community members to provide outreach, education, and screening in a variety of areas, ranging from cancer to tuberculosis, to health system access. At the practitioner level, ongoing provider education, cross-linguistic and cross-cultural healthcare delivery, and immigrant and refugee epidemiologic issues. At the institutional level, technical assistance (i.e. medical interpretation systems developed and implemented, cultural competence trainings). Provides brochures on health care eligibility & access for immigrants in New York in a variety of languages. Site contains cross-cultural and immigrant health publications.

Child health in the multicultural environment.

Source: Thirty-first Ross Roundtable on critical approaches to common pediatric problems

URL:

Authors:

Volume/Year: Dec 1999

Explores ways to bridge the cultural gap in providing health care that meets patient needs and expectations. Describes strategies for maximizing patient-physician communication and for understanding patient-held beliefs, explores institutional racism, presents clinical programs that have been put in place to address multiculturalism, including a pediatric Latino clinic.

Compendium of cultural competence. Initiatives in health care

Source: The Henry J. Kaiser Family Foundation

URL: <http://www.kff.org/uninsured/6067-index.cfm>

Authors:

Volume/Year: Jan 2003

The initiatives included in the compendium are from 1990 to the present. It is divided into two categories: Public sector initiatives (federal/state/local) and private sector initiatives (health care institutions or professional organizations, foundations, academic institutions/policy research organizations, and other). This resource also includes brief definitions for the major terms, organizational descriptions of initiatives and a list of experts in the field.

Competence in health care: Emerging frameworks and practical approaches

Source: The Commonwealth Fund: Quality of care for underserved populations

URL: http://www.cmwf.org/usr_doc/betancourt_culturalcompetence_576.pdf

Authors: Betancourt. J, Green A, Carrillo E

Volume/Year: Oct 2002

Describes a cultural competence framework for addressing racial and ethnic disparities in health and healthcare. Discusses the socio-cultural barriers that exist at the organizational, structural and clinical levels of the healthcare system and a planned intervention to address issues with the delivery of healthcare to minorities.

Catalog of Initiatives - Immigrant Health Project

Program/Intervention Methods

Crossing the language chasm

Source: Health Affairs
URL:
Authors: Brach C, Fraser I, Paez K
Volume/Year: 24(2), March/Apr 2005

Drawing on the experiences of fourteen health plans that have been at the forefront of linguistic competence efforts, identifies lessons for plans, purchasers, policymakers, and researchers on ways to improve the availability and quality of interpreter services.

Cultural competence in health care: Emerging frameworks and practical approaches.

Source: The Commonwealth Fund
URL: <http://www.cmf.org/publications/publications.htm>
Authors: Betancourt JR, Green AR, Carrillo JE
Volume/Year: Oct 2002

Describes a cultural competence framework for addressing racial and ethnic disparities in health and healthcare. Discusses the socio-cultural barriers that exist at the organizational, structural and clinical levels of the healthcare system and a planned intervention to address issues with the delivery of healthcare to minorities.

Immigrant women's health: Problems and solutions

Source: Jossey-Bass. San Francisco, CA
URL:
Authors: Kramer EJ
Volume/Year: 1999

Geared to healthcare planners, policy makers, and administrators and provides insights into the knowledge, attitudes, health beliefs, healthcare practices, and healthcare seeking behavior of immigrant women. The text also offers effective strategies for providing culturally competent, high-quality, cost-effective care to migrant women. It also addresses the effects of recent changes to federal policies.

Managing diversity in health care

Source: Jossey-Bass. San Francisco, CA
URL:
Authors: Gardenswartz L, Rowe A
Volume/Year: 1998

Offers professionals in the field a handbook for learning to become more culturally sensitive and responsive to both coworkers and patients. Includes a wide range of topics, including common misunderstandings that often occur in a cross-cultural environment, standards of privacy, beliefs about the body, healing, and dying, and other cultural factors that influence the health care experience, culturally sensitive ways to solicit relevant information, strategies for minimizing the negative effects of stereotyping, examples of real-life solutions implemented by health care organizations and a current listing of the most useful books, videos, articles, newsletters, and published training materials on the topic of diversity

Catalog of Initiatives - Immigrant Health Project

Program/Intervention Methods

National Center for Cultural Competence

Source:

URL: <http://gucchd.georgetown.edu/nccc/links.html>

Authors:

Volume/Year:

Comprehensive web portal with a focus on training, technical assistance, consultation, facilitating networking, linkages, and information exchange. The NCCC has particular expertise in developing instruments and conducting organizational self-assessment processes to advance cultural and linguistic competency. Also maintains a database of a wide range of resources on cultural and linguistic competence (e.g. demographic information, policies, practices, articles, books, research initiatives and findings, curricula, multimedia materials and Web sites, etc. Site contents available in Spanish.

National Latina Health Network

Source:

URL: <http://www.nlhn.net/aboutus.asp>

Authors:

Volume/Year:

Provides resources such as leadership tools, advocacy, community health partnerships, health initiatives, education and outreach efforts to the Latino community. Topics of concern include access to the health care system, health insurance, adequate preventive medical care, and health education. Current programs include AIDS/HIV education and prevention, tobacco, diabetes

New York New Jersey Public Health Training Center

Source:

URL: <http://www.nynj-phtc.org/>

Authors:

Volume/Year:

The Center is a collaborative endeavor of the Columbia University Mailman school of Public Health, the University at Albany School of Public Health, and the University of Medicine and Dentistry of New Jersey – School of public health and state, city, county and local health departments throughout New York and New Jersey. It assesses the needs of the public health workforce, facilitates access to existing training programs, and develops new training programs. It also seeks to improve access to a diverse and culturally competent public health workforce using the cross-cltural communication teaching modules and the “communicate to make a difference” course series.

Catalog of Initiatives - Immigrant Health Project

Program/Intervention Methods

Promoting health in multicultural populations: A handbook for practitioners

Source: Sage Publishing. Thousand Oaks, CA

URL:

Authors: Huff RM

Volume/Year: 1999

Offers assessment and implementation guidelines for promoting health in any cultural community. Explores the context of culture, cross-cultural concepts of health and disease, conceptual approaches to multicultural health promotion, and suggestions for planning health promotion for multicultural populations. Discusses Hispanic/Latino, African American, American Indian and Alaska Native, Asian American, and Pacific Islander populations, and describes the characteristics of the population, providing guidelines for practice and offering a case study.

Providing language services in small health care provider settings: Examples from the field

Source: The Commonwealth Fund

URL: http://www.cmwf.org/publications/publications_show.htm?doc_id=270667

Authors: Youdelman M, Perkins J

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The National Health Law Program conducted site visits and phone interviews at small healthcare providers to assess current innovations. Practices include recruiting bilingual staff for dual roles, ongoing cultural and language competency training for interpreter staff, using community resources like hospitals, managed care organizations and volunteers, and capitalizing on underutilized funding sources.

School-based mental health services: creating comprehensive and culturally specific programs

Source: American Psychological Association. Washington DC

URL:

Authors: Nastasi BK

Volume/Year: 2004

Provides detailed intervention recommendations based on theoretical developments and empirical findings to provide a framework for conceptualizing problems and selecting assessment and intervention approaches.

Catalog of Initiatives - Immigrant Health Project

Program/Intervention Methods

Somewhere to turn: Making domestic violence services accessible to battered immigrant women: A "how to" manual for battered women's advocates and service providers

Source: U.S. Department of Health and Human Services
URL: <http://www.vawnet.org/DomesticViolence/ServicesAndProgramDev/ServiceProvAndProg/BIW99summ.php>
Authors: Orloff L , Little R
Volume/Year: May 1999

Manual for battered women's advocates and service providers that provides materials to develop programs and services accessible to battered immigrants. Designed to educate and raise awareness about legal and social services affecting battered immigrants.

The 2nd Latino Medical Conference

Source: University of Medicine & Dentistry of New Jersey
URL: <http://www.umdj.edu/lmc/index.html>
Authors:
Volume/Year:

Provides insight into and information about, successful models and strategies for addressing access to health care, obtaining consistent and comparable data for monitoring, mandating cultural and linguistic competency training for all healthcare professionals. conference materials can be viewed, downloaded or printed and do not necessarily address Latin American populations. Of note: "cultural competence/health disparities: selected resources" at <http://www.umdj.edu/lmc/resources/like3.pdf>

The Center for Health Professionals: The Network for Multicultural Health

Source:
URL: <http://futurehealth.ucsf.edu/TheNetwork/>
Authors:
Volume/Year:

Provides resources related to multicultural health, including patient resources, standards and regulations, training materials. It is also a gateway to various health programs that can be utilized to develop the multicultural health workforce. Of note, a toolkit for physicians and staff to address language access issues in their practice.

Working together to increase immigrant women's access to reproductive healthcare

Source: Center for Women in Government & Civil Society
URL: http://www.cwig.albany.edu/FinalReport_StatewideRoundtable.pdf
Authors:
Volume/Year:

Program designed to identify barriers to accessing and providing reproductive health services, to develop change strategies and to foster partnerships between immigrant-serving programs and family planning providers.

Catalog of Initiatives - Immigrant Health Project

Toolkits

Lyme risk for immigrants to the United States: the role of an educational tool

Source: J Travel Med

URL:

Authors: Jenks NP, Trapasso J

Volume/Year: 12(3), May-June 2005

This study, which took place in a community with a large population of new immigrants, demonstrates a lack of awareness of Lyme disease. A short educational tool was proven effective in increasing recognition. The authors are affiliated with the Department of Internal Medicine, Hudson River Community Health, Peekskill, NY.

National Center for Cultural Competence

Source:

URL: <http://gucchd.georgetown.edu/nccc/links.html>

Authors:

Volume/Year:

Comprehensive web portal with a focus on training, technical assistance, consultation, facilitating networking, linkages, and information exchange. The NCCC has particular expertise in developing instruments and conducting organizational self-assessment processes to advance cultural and linguistic competency. Also maintains a database of a wide range of resources on cultural and linguistic competence (e.g. demographic information, policies, practices, articles, books, research initiatives and findings, curricula, multimedia materials and Web sites, etc. Site contents available in Spanish.

Somewhere to turn: Making domestic violence services accessible to battered immigrant women: A "how to" manual for battered women's advocates and service providers

Source: U.S. Department of Health and Human Services

URL: <http://www.vawnet.org/DomesticViolence/ServicesAndProgramDev/ServiceProvAndProg/BIW99summ.php>

Authors: Orloff L , Little R

Volume/Year: May 1999

Manual for battered women's advocates and service providers that provides materials to develop programs and services accessible to battered immigrants. Designed to educate and raise awareness about legal and social services affecting battered immigrants.

The Access Project

Source:

URL: <http://www.accessproject.org/index.html>

Authors:

Volume/Year:

Provides resources to support local initiatives and community leaders to strengthen community action, promote social change, and improve health. Focuses on access to care and language barriers. Numerous links to other organizations and resources, including links to linguistic barriers to health care. Projects of interest: access to health care for people with limited english proficiency (including numerous links) and a language services action kit.

Catalog of Initiatives - Immigrant Health Project

Toolkits

The Center for Health Professionals: The Network for Multicultural Health

Source:

URL: <http://futurehealth.ucsf.edu/TheNetwork/>

Authors:

Volume/Year:

Provides resources related to multicultural health, including patient resources, standards and regulations, training materials. It is also a gateway to various health programs that can be utilized to develop the multicultural health workforce. Of note, a toolkit for physicians and staff to address language access issues in their practice.

University of Kansas community toolbox

Source:

URL: <http://ctb.ku.edu/>

Authors:

Volume/Year:

Comprehensive resource for promoting community health and development. Provides wealth of practical skill-building information on over 250 different topics - including step-by-step instructions, examples, checklists, and related resources.

Undocumented Immigrants

Children of immigrant families: Analysis

Source: The Future of Children

URL: http://www.futureofchildren.org/pubs-info2825/pubs-info_show.htm?doc_id=240166

Authors:

Volume/Year: 14(2), Summer 2004

The entire issue is devoted to children of immigrants. The articles explore what it means to "grow up American", covering topics such as demographics, economics, contexts of middle childhood, the transition from adolescence to adulthood, and how to respond strategically to promote healthy development. Recommendations focus on preschool and special education, parent support groups, after-school activities, history and culture, math, science and technology, bilingualism, enhanced outreach efforts, and children of the undocumented.